THE JOURNAL

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

A WAY OUT

This is a time for patience and forbearance. It is so easy for one to magnify his losses and his involuntary sacrifices to such an extent that he feels he stands alone. Expenses seem to mount as incomes dwindle, sometimes to the vanishing point. The whole world at times becomes irritable and apprehensive. Never was there a time in the lives of the present generation when it was more necessary to make the best of a doubtful situation, to think twice before drawing a conclusion. Probably the world has been too much with us and that getting and spending we have laid waste our powers. We might well heed the advice of the late poet laureate of England—

> "Gird on thy sword, O Man—thy strength endue,
> In fair desire thine earth-born joy renew;
> Live thou thy Life beneath the making sun,
> Till Beauty, Truth, and Love in thee are one."

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FOUNDATIONS IN MICHIGAN AS RELATED TO THE PROFESSION OF MEDICINE*

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In reviewing the history of philanthropy, we find that charity has always existed. Prior to the last century, it had not been organized in any way. Because of the great waste in indiscriminate giving and distribution, the overlapping and the growing tendency of many to maintain themselves through alms, thereby unfitting themselves for self support, many protests were sounded. The result of such protests was the formation of the first "Charity Organization Society" in England in 1869, the first one in America in 1877. These societies organized a relief system based on careful personal inquiry. Following this, several funds were established for benevolent purposes during the latter part of the 19th century. Mr. Carnegie's first American Foundation came in 1896. At the beginning of the next century, seven foundations of importance were operating.

The latter part of the 19th century and the first twenty years of our present one witnessed the accumulation of huge fortunes by many people in the United States. Much of this came to men and women who visualized tremendous opportunities for service, and, wishing to be of assistance to their fellow men, they created foundations for various purposes. These foundations, organized on sound business principles and employing 20th century business methods in the distribution of their funds, are making

*The annual address of the president of the Michigan State Medical Society, presented at Pontiac, September 23, 1931.

history, and are, no doubt, pointing the direction charity will take in the future. There are now about 150 such Foundations, with a total capital of about $1,000,000,000.00, distributing about $60,000,000.00 annually, and representing only about 3 per cent of the total funds given for benevolent purposes.

Much credit is due Mr. Andrew Carnegie for his pioneering in the creation of his Foundation; and no doubt the greatest development has been made by the Rockefellers.

Mr. Carnegie believed that he was merely the trustee of his surplus wealth, and, before his death, he had distributed nine-tenths of his fortune in various ways for the benefit of mankind.

The research work done in the discovery of insulin was financed by a grant from the Carnegie Corporation.

The Rockefellers, during this same period, gave approximately $600,000,000.00 to their Foundations and Boards. Much of this has been devoted to Medical education by the support and improvement of several large Medical schools; and it is still distributing several millions annually for this same purpose. In addition, this same source has spent huge sums annually in the interest of Public Health, Hygiene, Medical Research, etc. The general public, and the Medical profession as well, are greatly indebted for their many valuable contributions.

The Russell Sage Foundation, in its list of 150 Foundations, published in 1930, shows 52 which are devoted wholly or in part to causes in which the Medical profession is deeply concerned.

A rough estimate of the annual disbursements of American foundations related to medicine is as follows:

Object	No. of Foundations	Amt. Donated
Education	36	$30,500,000
Research	33	7,000,000
Health	22	4,000,000
Child Welfare	26	3,500,000
Genetic	3	400,000

The objects and present capital of some of the largest foundations are as follows:

Rockefeller Foundation (well-being of all mankind)	$147,000,000
Carnegie Corporation (diffusion of knowledge)	135,000,000
Gen. Education Board (medical and other education)	47,000,000
Duke Endowment (Duke Medical School)	40,000,000
Commonwealth Fund (Child Welfare)	38,000,000
Carnegie Institution of Washington (Research)	33,000,000
Children's Fund of Michigan (Child Welfare)	10,000,000
Maurice and Laura Talh Foundation (Child and Social Welfare)	10,000,000

Fourteen foundations are specializing in scientific research, and without doubt the most impressive activities of all foundation work are found in Biology and Medicine.

The Rockefeller Foundation alone spends $3,000,000 a year in a campaign against hookworm, yellow fever and malaria.

Over 60 per cent of the total funds distributed each year goes for education and research, health and child welfare work. Certainly this activity must meet the hearty commendation of all.

We must conclude from the findings of this brief summary that foundations in the last thirty years have established a precedent for the well directed distribution of funds for special charitable purposes; and no doubt we will see much more wealth put into action by future donors.

In Michigan, we have several funds, foundations and memorials in operation, all of which may be considered under the head of foundations. Many hospitals and nurses' training schools have been built and some endowed by private donors, while scholarships, and, in a few cases, funds for special research have been provided.

SPECIAL RESEARCH

Included in the group for special research, we find the Simpson Memorial Institute for Medical Research, which was presented to the Regents of the University of Michigan by Mrs. Christine McDonald Simpson, a memorial to her husband, Thomas Henry Simpson, who died of pernicious anemia in 1923. The endowment called for the building of an institute and the payment of a staff. The institute was to coöperate with the University Hospital. In January, 1926, Dr. James D. Bruce was appointed Acting Director of the Institute, and in January, 1927, Dr. Cyrus C. Sturgis was appointed Director, and Dr. Raphael Isaacs, Assistant Director. Work in the building was begun April 1, 1927. The purpose of the Institute was to study, primarily, the subject of pernicious anemia, to alleviate the suffering of persons afflicted with this disease and to discover its cure. The activities of the staff

of the Institute are coördinated along several lines. First, the treatment of patients with pernicious anemia. This is accomplished in the wards and the out-patient department of the Institute. Second, there is the experimental work, which consists in (1) accumulation of data on the subject of pernicious anemia; (2) development of the most efficient treatment for the anemia and for the neurological complications; (3) study of allied diseases (leukemia, secondary anemia) in the hope of throwing additional light on pernicious anemia, (4) teaching activities, both in Medical School and for various medical societies. Since the opening on April 1, 1927, there have been over forty publications dealing with general aspects of diseases of the blood.

The most outstanding accomplishment in the way of therapy has been the discovery of ventriculin by Dr. Cyrus C. Sturgis and his associates, in coöperation with Parke, Davis & Company.

Among other contributions of the Institute have been the study of the blood-forming organs, the bone marrow, the chemistry of the blood in relapses and remissions, the regulation of dosage, the symptomatology of pernicious anemia and the application of certain therapeutic agents to certain other types of anemia.

The Institute was awarded the Bronze Medal of the American Medical Association for its work presented at the 1930 meeting.

EDUCATION

An outstanding endowment with education as its object is The Merrill-Palmer School of Detroit. This was founded in 1920 in accordance with the will of Lizzie Merrill Palmer, widow of Senator Thomas A. Palmer, for the purpose of training young women in the care of children, with the special object of preparing them for motherhood and home-making. During the wide extension of the movement for child development and parent education, which has taken place in the last decade, The Merrill-Palmer School has become known as a center active in these and related fields relevant to its purpose.

The program of the school, which has gradually taken form during the eleven years covering the school's history, may be defined under the headings: Resident Courses of Instruction; Resident Nursery Schools; Resident Program in Parent Education; Research; Demonstration and Community Programs; Conferences and Publications. Many important and valuable contributions have come from the activities of the school through their research and publication departments.

HEALTH AND CHILD WELFARE

A foundation having health and child welfare as objectives is the Children's Fund of Michigan.

About three years ago, Senator James Couzens, of Detroit, Michigan, announced his generous gift of $10,000,000, which, according to his plan, is to be distributed with the income over a period of ten years to promote the health, welfare, happiness and development of children of the State of Michigan, primarily, and elsewhere in the world. The complete organization as developed from this bequest is called The Children's Fund of Michigan, and it is this organization through which its funds are administered.

A very extensive survey of health conditions in Michigan disclosed unsatisfactory public health service in some areas and a definite program was established in the hope that the donor's wishes would be fulfilled in giving the children and people of Michigan a type of Health service they could not otherwise afford.

This program is very extensive and covers very thoroughly the field of child welfare. The work has centered in four major divisions: Child Health, Child Guidance, Research, and Dependency. Under the very able direction of Dr. Bernard W. Carey, Director of the Child Health Division, the professional staff of physicians, health officers, dentists, nurses and health educators has been augmented until there are now 103 such workers in different sections of Michigan. Last year 150,000 children passed through their hands, and, of this number, 25,000 were returned to their private physicians because of ability to pay.

DENTAL PROGRAM

A large volume of work has been done in this department in mouth hygiene and correction of dental defects in thirty-five counties of Michigan. Indigent cases are taken care of by the staff. Those able to pay are referred to local dentists. In addition to

this, much work has been done in the Dental Clinic of the Children's Hospital of Detroit.

CONSOLIDATED HEALTH UNITS

The upper northeast sixteen counties of the Lower Peninsula were divided into four districts, and, in coöperation with the supervisors, four consolidated county health units were established, with complete staff as regulated by the State Commission of Health. These units have provided adequate health service in isolated areas, which otherwise these counties could not provide for themselves.

HEALTH EDUCATION

Probably the greatest accomplishment of the Child Health Division came this year with the dedication and opening of the Northern Michigan Children's Clinic at Marquette. It was my privilege to attend this ceremony last June. This clinic is operating in coöperation with the Post-Graduate Department of the University of Michigan and Michigan State Medical Society; and, with its splendid equipment and personnel, offers to the indigent children of Upper Michigan the very highest type of professional service; and offers, likewise, to the medical profession of Michigan, excellent opportunities for post-graduate study.

The program of the Child Health Division covers many activities, such as its county nursing program, Child Health Demonstration Clinic at Menominee, infant and pre-natal classes and a program for the correction of visual defects.

The *Child Guidance Division* has established a clinic in Detroit and grants have been made to Flint and Grand Rapids for similar centers.

The *Research Division* has made grants for the study of dental defects, childhood tuberculosis and problems of nutrition. From these, we may well expect valuable contributions.

The Children's Fund of Michigan, in cooperation with the Michigan State Medical Society and Post-graduate Department of the University of Michigan, has conducted post-graduate pediatric clinics throughout the state. These have been of real value to the profession. Grants have been given to the Joint Committee on Public Health Education and to other organizations for the improvement of the public health.

A recent foundation having Child Welfare as its objective is The W. K. Kellogg Foundation.

A little over a year ago, Mr. W. K. Kellogg of Battle Creek, Michigan, desiring to be of service to the children of the world, established this foundation with permanent headquarters at Battle Creek. "The purpose of this Foundation is: to directly or indirectly become actively engaged in Child Welfare; to consider ways and means of helping in matters of Child Health, Child Education, Child Recreation, Child Character Building, and to influence school children so that Health Education may, in turn, penetrate the school, the home and the community."

The chief interest of this foundation, up to the present time, has centered in the rural school problem. In Kalamazoo and Barry Counties, small country school districts have been consolidated, and central schools established, which include all classes and grades up to the University. These schools with their complete and modern equipment, with vocational training and health courses added to their curriculum, give to rural school children equal educational opportunities with those of city pupils.

The Foundation supplies health supervision of the consolidated school for an indefinite period of years, with the hope that, in the years to come, the community will see fit to continue most, if not all, of these activities.

The health program includes complete physical examination of each child and the study of nutrition, mental defects and behavior problems of every such child. An extensive health education program is established in each school district.

In addition to this rural school program, Mr. W. K. Kellogg, in coöperation with the Battle Creek Board of Education, has given to the City of Battle Creek the Ann J. Kellogg School, with its complete and thoroughly modern equipment. This school provides for the teaching and training of all underprivileged children.

A constructive health program will be established in two Junior High Schools of Battle Creek. The site of one, now in course of construction, was a gift of Mr. Kellogg. His most recent gift, through the

W. K. Kellogg Foundation, is an Auditorium High School, the auditorium of which will be used for civic purposes.

The benefits derived from these splendid educational facilities and constructive health programs will be far reaching.

Dr. Stuart Pritchard, Medical Director of the W. K. Kellogg Foundation, said in a recent article on the activities and purposes of the W. K. Kellogg Foundation:

"Since the health supervision part of the proposed demonstration concerns the members of the local Medical profession, and since much of the success of the project depends upon their hearty support, therefore, it would seem desirable to set forth a statement to serve as a basis for coöperation between the demonstration staff and the local physician. It may be stated at the outset that the Foundation has no thought of coming in as a competitor in the field of curative Medicine. Its chief concern is in the prevention of illness and the maintenance of a high health standard. The procedure to be followed will, it is believed, conserve and protect the interests of the private practitioner. By giving reliable medical information and high class medical service aimed at keeping all members of the family in health, it is anticipated that such activities will stimulate the growth of a new relationship between physician and patient whereby both will profit far more than in the past.

"The work of the W. K. Kellogg Foundation will not only be carried on in coöperation with the local Medical profession, but, as far as possible, the services of local physicians will be utilized.

"The services of the Staff will, for the most part, be concerned with the following:

"(a) Health examinations of school children carried out at the schools.

"(b) Health counseling and follow-up work by nurses, to bring about correction of health defects by the family physician.

"(c) Assisting public health officers and local physicians in carrying out the program of immunization against the contagious diseases.

"(d) Health examination and health counsel for the pre-school child carried out in health supervision centers.

"(e) Ill children presenting themselves at these health supervision centers would be referred to the family physician.

"(f) In referring an individual to a physician, in case he has no family physician, he would be given a list of physicians approved by the County Medical Society.

"(g) Demonstration staff nurses visiting homes would, in case they rendered any nursing service, follow the instruction of the physician in charge of the case, and would be careful in expressing medical opinions. The local physicians would be used as much as possible.

"(h) In the case of indigents, occasions may arise in which medical and nurses' care would be given by members of the Demonstration Staff, but only after investigation, advice and consultation with the County Medical Society.

"During the entire health supervision program, the school boards, the children, parents, and the community are constantly reminded of the importance of the family physician. He is made a part of all programs and is paid for the work he does. The Foundation makes it a rule that no territory is entered without the consent, approval and promised coöperation of the local medical society; and all matters of procedure are discussed with its executives. In this way the local physician is an active part in the program, his wishes are considered, and it is the desire of all concerned to elevate his standing in the district, and to enlighten the citizens more fully of the value of the doctor to State, community and to the individual."

In 1926 the Michigan State Medical Society, recognizing that its greatest obligation to the public of Michigan was to provide continuous post-graduate instruction to all members of the profession, established the Michigan State Medical Society Foundation. The purpose of this, as it appears in the articles of incorporation, is: to pay from the net income of the fund or funds held in trust, by order of the Executive Committee of the Council of the Michigan State Medical Society, for the purpose of providing post-graduate instruction without fee for those designated by said executive committee; to conduct clinics and courses of instruction without fee in hospitals and medical schools in the state of Michigan; to provide funds either by gift or loan to sustain such persons who are designated by said Executive Committee during their period of attendance on said post-graduate instruction or said clinics. This trust is to be perpetual; donations may be given special names by the donors appropriate to the purpose of the gift or in recognition of the giver. Gifts may be either in money or property, may be made by will or by deed, or by subscription agreement payable in installments as may be designed for particular objects.

Some bequests have already been made to this Foundation, and it is hoped others may follow in order that these activities may be continually broadened and increased.

It is very evident from a careful survey of these foundations already operating in Michigan that the object of the officers and boards controlling their activities is to follow the desires of the donors and to fulfill the purposes for which these funds were created. They recognize that, in order to function to their fullest capacity, they must have the coöperation of the medical profession. They recognize that the physician is the central figure in any enduring health program. They believe that, as the result of their activities, the position of medical men will be strengthened and that the economic stability of medical practice will be fortified. They recognize that the gifts of the medical profession in free service to humanity are of tremendous volume. The

Foundations refuse service to those able to pay professional fees, referring them back to their physicians. It is their policy not to interfere with private practice, but rather to guide through education, and to emphasize the value of professional training. Their contribution to medical education and scientific research has been of inestimable value to the medical profession as well as to the general public.

They have asked the coöperation of the profession of medicine in carrying out their programs in order that they may provide improved facilities for the care of the sick.

This affords us opportunities which we should not be slow to accept.

Let us, through our desire to be of service to the people of Michigan, coöperate with these organizations in the hope that these and future Foundations may be encouraged to provide funds for medical research and for medical education. With common objectives, and mutual confidence and understanding, we will both move forward into fields of greater usefulness.

In conclusion, I wish to express my deep appreciation of the honor and of the privilege of serving as your presiding officer during the past year. My sincere wish is that the Michigan State Medical Society will continue to progress, and that its present dignity will be maintained.

Acknowledgment for information contained in this paper is made to: First and Second Annual Reports of the Children's Fund of Michigan; Current History, February, 1931; Atlantic Monthly, October, 1929; also, to individuals who have so generously coöperated in supplying data.

SURGERY OF THE SYMPATHETIC NERVOUS SYSTEM*

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Surgery of the sympathetic nervous system has proved of benefit in relieving the symptoms of certain diseases which have resisted other forms of treatment. Following surgical removal of sympathetic ganglia and division of rami communicantes, definite improvement has resulted in cases of severe, progressive Raynaud's disease, thrombo-angiitis obliterans (Buerger's disease), certain types of scleroderma, chronic infectious arthritis, megacolon (Hirschsprung's disease), and atonic and painful conditions of the urinary bladder.

These operations have stimulated new interest in the physiologic activity of the sympathetic nervous system, and this interest has been manifested by many recent articles in the literature. Anatomically, the sympathetic or autonomic nervous system is composed of series of ganglia, nerves, and plexuses through which the viscera, glands, heart, blood vessels, and smooth muscles in other situations receive innervation. The most conspicuous feature of the system is a chain of sympathetic ganglia which extends vertically on each side through the neck, thorax, and abdomen; the spinal nerves are connected with the sympathetic trunk, on the same side, by one or more rami communicantes, through which they receive sympathetic fibers for the control of blood vessels, sweat glands, and smooth muscles situated within the territory of its distribution.

Operations on the sympathetic nervous system which were performed for relief of spastic paralysis produced increase in the temperature of the skin of the denervated extremity, associated with a slight flush, and suggested that a similar operative procedure might be instituted for relief of the cold hands and feet in Raynaud's disease, in thrombo-angiitis obliterans, and in certain cases of chronic infectious arthritis. Consequently, it was carried out by Adson, in a case of Raynaud's disease, with almost immediate relief of symptoms, as a result of dilatation of the blood vessels of the extremity, due to removal of the vasoconstrictor influence of the sympathetic nervous system. In normal persons, the tonus of the blood vessels of the extremities is maintained by a balance of the vasoconstrictor and vasodi-

*Read before the Upper Peninsula Medical Society, Houghton, Michigan, August 13 to 14, 1931.

†Dr. Craig is a graduate of Johns Hopkins University, Baltimore, where he received the degree of M.D. in 1919. He has been an associate in surgery at the Mayo Clinic since 1926 and assistant professor of surgery, Mayo Foundation. His specialty is Neuro-Surgery.

lator influences. Any disturbance of this well-balanced mechanism, which results in increase of the vasoconstrictor influence, produces decrease in the flow of blood to the extremities. This naturally results in lowering the temperature of the skin and in producing changes in color, accounting for the cold, clammy, blue hands and feet.

RAYNAUD'S DISEASE

Raynaud's disease is the classic representative of vasoconstrictor disturbances of the extremities. The disease is distinguished from the milder vasoconstrictor disorders of the extremities which simulate it, but which apparently do not progress, and are not sufficiently troublesome to warrant surgical intervention. The milder forms include the less severe cases in which there are blue, cold hands and feet not accompanied by pain or ulceration. Some apparently normal persons have such disturbances, which occur chiefly in the winter months, and which are relieved by exposure to heat, change of residence, or change of climate. These patients complain chiefly of attacks of pallor, involving one or more fingers or toes, associated with numbness or aching, but they do not complain of severe pain or of ulcers. There is no contra-indication to operating on patients of this group, but at the present time surgical measures should be applied to the sympathetic nervous system only when the symptoms are progressive, incapacitate the patient, produce ulceration, or fail to respond to the simpler medical procedure.

Raynaud's disease occurs in adult life, predominantly in women, and is characterized by the presence of symmetric changes in color of the hands and feet, or of the fingers and toes. It may involve the upper or lower extremities, and occasionally the nose, and lobes of the ears. The blanching of the skin is brought about by vasoconstriction of the vessels, due to exposure to cold or emotional influence. This blanching is followed by cyanosis, which continues until the vasoconstriction subsides. In the earlier stages of the disease, this subsidence is accompanied by discomfort, then by aching, and finally by severe pain. As the disease progresses, the changes in color become more prominent and the skin remains more or less cyanosed unless the condition is relieved by application of heat externally. Should the vasoconstriction become prolonged and the circulation markedly decreased, gangrene may occur. Gangrene in Raynaud's disease differs from the gangrene which occurs when the vessels are occluded, in that it produces dry ulcers at the tips of the fingers or toes, with distorted growth of the nails, instead of complete gangrene of one of the digits. If the process is allowed to continue, the gangrene will ascend and will become extremely painful. Usually, the patient complains of subjective numbness, which interferes with the function of the extremity and adds to the general discomfort and incapacitation. The disease does not always progress to the severe forms; hence the milder types may be controlled by changing occupation or climate. When the symptoms persist, and ulceration and gangrene develop, operation should be performed. In almost all cases in which operation has been performed the patient is relieved immediately of pain, the cyanosis disappears, and the skin becomes warm, pink, and dry; the ulcers heal, the nails take on normal growth, and the patient is restored to normal health.

CALORIMETRIC AND THERMOMETRIC STUDIES

In contrast to Raynaud's disease, the result of an abnormal degree of vasoconstriction of the vessels of the extremities, there are diseases similar in clinical characteristics which are due to occlusion of the vessels. There are two main forms of occlusive vascular disease which produce cold, bluish hands and feet; these are thrombo-angiitis obliterans, and arteriosclerosis with thrombosis. Operations on the sympathetic system were originally carried out for such conditions because of associated constriction of the unoccluded arteries of the extremities or of the collateral vessels. In most cases of thrombo-angiitis obliterans there are two underlying causes of the diminished supply of arterial blood to the hands and feet; the chief cause is occlusion of the main arteries by development of an organizing blood clot, and in addition to this organic slowing up of the blood stream there is an abnormal increase of vasoconstriction in the collateral vessels. Evidence of this vasoconstriction in the collateral circulation was noticed during treatment of this disease by intravenous administration of typhoid vaccine. An increase in the cutaneous temperature, out of proportion to the general rise of tempera-

ture, was recorded. This suggested that the condition of patients with thrombo-angiitis obliterans could be permanently improved by eliminating the excess vasoconstriction by severing the sympathetic supply. It was found that there was more vasoconstriction of the collateral vessels in some cases than in others, and that there was more post-operative relief in cases in which this cause was most distinctly associated. The fever and vasodilatation induced by intravenous administration of typhoid vaccine became a therapeutic test for the selection of suitable cases and became known as the "fever test."

This test was devised by Brown and was termed the "vasomotor or vascular index." It is performed as follows: Fever is induced by the intravenous injection of triple typhoid vaccine, and the surface temperatures of the digits, feet, and hands, are taken simultaneously with the temperature of the mouth, or in other words, simultaneously with the temperature of the blood. All persons, including those who are normal and those with or without vascular disease, after a preliminary drop due to the chill, demonstrate rise in the temperature of the mouth and of the surface. The magnitude of the rise in temperature of the skin is dependent on the initial temperature of the extremity, the severity of the febrile reaction, and the patency of the arteries. In cases in which the extremities are cold, and in cases in which there is considerable vasospasm, the increase in surface temperature is great. The index is calculated by determining the rise in the surface temperature and subtracting from that the rise in the temperature of the mouth or blood; this, in degree centigrade, constitutes the change in temperature of the skin that is due largely to the redistribution of blood that comes from vasomotor changes. This increase, divided by the number of degrees increase in the temperature of the blood, gives a figure which, in simple terms, indicates that for every degree of rise in the temperature of the blood, there is in the temperature of the skin a certain number of degrees' rise which is largely of vasomotor origin. In cases of Raynaud's disease, vascular indexes of from 5 to 14 are obtained. In cases of thrombo-angiitis obliterans with associated vasospastic disturbances, vascular indexes of 2 to 6 have been found. This index is of practical importance in the selection of cases for operation, for the rise in surface temperature that comes with fever approximates roughly that which will occur after sympathetic ganglionectomy and trunk resection. It also has importance in distinguishing between cases in which the diagnosis of pure vasomotor disturbance and early organic disease of the arteries is not entirely clear. In arteriosclerotic disease of the limbs, the vasomotor index is low, or zero. Such an index militates against the decision to operate on the sympathetic system. The studies of temperature are carried out by means of a galvonometric thermocouple which can be attached to the individual digits and areas of the skin.

In view of the fact that administration of triple typhoid vaccine causes systemic reaction, other methods for testing the presence of vasoconstriction have been introduced. Spinal anesthesia interrupts the vasomotor pathways to the lower extremities, and by measuring the rise in surface temperature after this procedure has been carried out, the amount of benefit to be derived from operation on the sympathetic system can be predicted. Paravertebral injection, with procaine, of the stellate and second thoracic sympathetic ganglia, provides a similar test for the upper extremities.

THROMBO-ANGIITIS OBLITERANS

Thrombo-angiitis obliterans occurs in adult life, has a predilection for men, and affects persons of all races, in spite of the fact that it formerly was supposed to occur more commonly in Hebrews than in others. The underlying causes have not all been determined. The disease seems to progress after infection of the inner walls of the arteries, and formation of a clot which occludes the vessels, thus decreasing the blood supply to the extremity. The infection and the formation of clot vary in degree and distribution. The condition may affect the distal part of one principal artery, or it may include all of the principal arteries of all extremities at different periods. The usual course of this disease is rather slow; the main vessels of the feet and legs are involved early, and those of the upper extremities later. When it is economically possible, relief can be obtained by discontinuing work, remaining at rest in bed, applying heat to the extremities, and being treated with vaccines administered intrave-

nously. In time, organization of the intravascular clot takes place and circulation will be partly restored. However, many patients are compelled to work, subjecting their hands and feet to trauma, and ulcers may develop sooner or later, and refuse to heal. These ulcers become infected, the infection spreads to adjacent tissues, and more thrombosis and gangrene appear, necessitating amputation of the extremity. By means of operation on the sympathetic system, it is possible to relieve the vasomotor spasm of the collateral vessels, which improves circulation, tends to prevent ulceration, infection, and gangrene, and hastens healing of existing ulcers and abrasions. In suitable cases, selected by means of the "fever test," the pain usually is relieved, the circulation is improved, and the skin changes from mottled reddish-blue to pink. Also, the temperature of the skin is increased from 2 to 10°, depending on the amount of vasoconstriction present before operation, the ulcers begin to heal, and the patient is restored to his former status as a wage-earner. Moreover, the operation may prevent further gangrene and extension of the process to the opposite extremity, which usually is involved to a slighter degree than the extremity which causes the symptoms. The operation is not advised in the milder cases, in which the patients are not inconvenienced greatly, are free from ulcers, and are able to carry on regular work under symptomatic treatment. In a recent review of cases seen in the last two to five years, in which operation on the sympathetic system had not been performed, it was found that in 25 to 30 per cent, amputation of one or more extremities had been necessary. Less than 5 per cent of the seventy patients who have been operated on have been obliged to undergo amputation. This comparison emphasizes the value of operations on the sympathetic system in protecting patients with thromboangiitis obliterans from losing one or more extremity by amputation.

The other type of occlusive vascular disease, which has for its underlying cause arteriosclerotic changes in the vessels, is not accompanied by vasoconstrictor spasm of associated vessels, and therefore does not respond to operation.

SCLERODERMA

Another type of disorder which is sometimes alleviated by the operation is scleroderma, a disease of the skin characterized principally by brownish discoloration, associated with thickening or atrophy, usually involving the fingers and toes. The distribution may be circumscribed, spotty, or diffuse, and limited to the feet and legs, or it may involve the hands, arms, face, and neck, and the skin over the upper part of the thorax. The muscles and bones may be included in the atrophic and degenerative process. The disease is usually slowly progressive, and it occurs at any age or in persons of either sex, but more frequently in young women. All cases of scleroderma do not result from disturbance in the sympathetic nervous system, but the lesions which develop in the feet, legs, hands, arms, and face frequently are preceded by a phase of increased vasoconstriction characterized by cold, sweaty, bluish hands and feet, similar to those of Raynaud's disease. This type of scleroderma has been observed, also, in patients suffering from thrombo-angiitis obliterans and chronic infectious arthritis. The early cases of scleroderma, associated with vasomotor changes, respond satisfactorily to operation on the sympathetic system, but in advanced cases there is no marked improvement, due to the pathologic changes that have taken place in vessels, skin, and subcutaneous tissues. The results in the early cases are those of immediate improvement in circulation, and loosening and thinning of the skin over the extremities, face and neck. The skin and muscles of the face lose their drawn expression, the mouth can be opened more widely, and the tongue can be protruded. The operation will not help in advanced cases, in which thickening of the skin and hardness of the muscles have become extreme, and therefore, if operation on the sympathetic system is to be employed in the treatment of scleroderma of vascular origin, it should be employed as soon as the disease is recognized, to prevent its progress. If the condition is permitted to continue, it usually results in pain, deformity, and total invalidism.

ANGINA PECTORIS

Several different types of operation on the sympathetic nervous system have been devised to relieve angina pectoris. Authorities differ as to whether destructive changes in the aorta and coronary arteries, coronary sclerosis, myocardial changes, or coronary spasm can be accredited with contributing

to the syndrome. Because the pain associated with vascular disease of the extremities can be relieved by operation on the sympathetic nervous system, and because the upper sympathetic ganglia are involved in innervation of the heart and aorta, removal of these ganglia seems a logical procedure in treatment of angina pectoris.

The results have varied in the hands of different surgeons, and no one operative procedure has been universally successful. One, or all, of the cervical sympathetic ganglia on one or both sides have been removed with moderate success. Likewise, the middle cervical and stellate ganglia, as well as the cervicothoracic and upper part of the thoracic trunk have been removed. Because the upper five thoracic ganglia receive afferent sympathetic fibers from the heart, transmitting pain, paravertebral injection of alcohol on one or both sides, has been advocated for elderly patients who would be unable to withstand surgical procedures.

ARTHRITIS

Among the various types of patients suffering from chronic infectious arthritis is a group of adults who have painful, swollen, tender joints, associated with limited motion, atrophy of muscles, and loss of function. The patients also complain of cold extremities, mild changes in color of the fingers and toes, and excessive perspiration. There is a tendency for the condition to progress slowly; it is not altered by removal of foci, immobilization, massage, or exercise, and is symptomatically relieved only by application of various types of heat. In certain selected cases of this group, operation on the sympathetic nerves causes relief of symptoms by the improvement in circulation which follows the vasodilatation. The skin becomes warm and dry, the pain is gradually relieved, the tenderness tends to disappear, and the swelling subsides. In selecting suitable cases for the operation, the rise in surface temperature of the extremity following intravenous administration of typhoid vaccine is used as an index.

CONGENITAL IDIOPATHIC DILATATION OF THE COLON

In view of the fact that the sympathetic nervous system not only contains vasomotor fibers, but fibers which innervate other smooth muscles of the body, operations on the sympathetic nervous system have been used to relieve Hirschsprung's disease, or congenital idiopathic dilatation of the colon. By interrupting the sympathetic nerve supply to the rectum, the hyperactivity of the smooth muscles in the rectal sphincter is decreased, thereby allowing more normal movements of the bowel.

CORD BLADDER

Urinary retention resulting from congenital, neoplastic, traumatic, or inflammatory lesions of the spinal cord, interfering with innervation of the bladder, has been partially or totally relieved by an operation described by Learmonth, consisting in section of the presacral sympathetic fibers. These fibers are derived from the second, third, and fourth sacral nerves, and represent the reciprocal innervation of the detrusor muscle and the internal vesical sphincter. Also, trophic lesions of the bladder have been improved, and painful sensation reduced, by section of the presacral nerve.

SURGICAL PROCEDURE

Surgery of the sympathetic nervous system includes several procedures by which the attempt is made to interrupt the sympathetic nerve supply to the vessels and viscera. In the vascular diseases, the outer coat of the artery has been removed in an effort to destroy the sympathetic nerves which form plexuses about the vessels. This procedure is called peri-arterial sympathectomy and has not proved so successful as division of rami communicantes or removal of the ganglia and trunks. The most satisfactory surgical technic for conditions involving the lower extremities consists in removal of the second, third, and fourth lumbar sympathetic ganglia and the intervening trunk, after the trunk has been divided above and below, and after all of the associated rami have been divided.

Lumbar operation.—An abdominal incision is made from the symphysis pubis to a point 5 to 7 cm. above the umbilicus, between the rectus abdominis muscles and to one side of the umbilicus. The Trendelenburg position is used, and the intestines are packed upward, as in pelvic operations. To expose the left lumbar sympathetic chain, it is necessary to mobilize the sigmoid and the lower portion of the descending colon, by incising the peritoneum above and just

lateral to the anterolateral border of the upper portion of the sigmoid and the attachment of the lower portion of the descending colon. After the large bowel has been elevated and retracted, with the posterior wall of the peritoneum, there is exposed the retroperitoneum, the ureter, the left common iliac artery and vein, the lower end of the abdominal aorta, the genitocrural nerve, the psoas muscle, the lumbar vertebræ, the lymph nodes, and the lumbar sympathetic ganglia, trunk, and rami which lie on the lumbar vertebræ, just mesial to the psoas muscle. By retracting the abdominal aorta mesially, the sympathetic ganglia, trunks, and rami can be dissected free, beginning with the fourth lumbar ganglion at the brim of the pelvis and dividing the sympathetic trunk below it. The dissection is then carried upward to include the third and second lumbar sympathetic ganglia, dividing all communicating rami.

The approach to the lumbar sympathetic ganglia on the right is similar to that on the left, except that the peritoneal incision is made just lateral to the right lateral border of the abdominal vena cava, and is carried downward over the right common iliac vein into the true pelvis, upward and mesially along the root of the mesentery of the small intestines, partially across the vena cava for a distance of 15 cm. from the brim of the pelvis, and downward into the pelvis for a distance of 5 to 7 cm. The cecum, and the small intestines, are retracted outward and upward. The vena cava is retracted mesially, and the common iliac vein, downward and mesially. Further exposure and removal of the lumbar sympathetic ganglia, and division of all of the rami and of the sympathetic trunk are similar to the procedures employed on the left side. Closure consists in accurate apposition of both posteroperitoneal incisions to prevent retroperitoneal hernia and accurate closure of the abdominal wall to prevent the more common type of postoperative hernia.

Thoracic operation.—The patient is anesthetized and placed prone on an operating table that is equipped with a cerebellar head rest. A postero-median incision is made in the skin from the tip of the fifth cervical spine to the tip of the fourth thoracic spine. The incision is carried down to the spinous processes, thus exposing the fascia over the trapezius muscle on both sides. The fascia and muscle are incised on each side, parallel with the spinous processes, and extending from the sixth cervical vertebra to the third thoracic vertebra. The procedure at this point is carried to completion on the side to be operated on, before dissection of muscle on the opposite side. The incision of fascia and muscle is made through the tendinous attachment of the trapezius, rhomboid, and serratus posterior muscles. The erector spinæ group of muscles and the lower end of the splenius cervicis muscle is exposed. The transverse processes of the thoracic vertebræ can be palpated through these muscles. After one has made sure that the spinous process of the first thoracic vertebra has been identified, as well as the tip of the transverse process of the first thoracic vertebra, blunt dissection is made through the erector spinæ group of muscles, parallel with the spinous processes. Muscular attachments to the transverse process are now freed mesially, until one can demonstrate the process where it fuses with the body and the lamina. The periosteum of the rib is incised on its dorsal aspect. This permits exposure of the rib lateral to the transverse process for a distance of 3 cm. The rib is cut at the outer border of this area of exposure, and the transverse process is cut where it joins the body of the vertebra. The pleura and lung are now gently dissected from the lateral side of the vertebra and are retracted anteriorly and laterally. After exposure of the sympathetic trunk in the posterior mediastinum, the procedure consists in dissection and removal of the ganglia and of the intervening trunk, and division of any gray rami that may run laterally from the thoracic ganglia to the first thoracic nerve. After the sympathetic trunk has been divided below, traction is made from above downward, thus exposing the cervicothoracic ganglion sufficiently to divide all of the rami ascending from the ganglia into the cervical region.

Operation on sympathetic nerves of the urinary bladder.—For operations to relieve conditions in the rectum and bladder, a smaller abdominal incision is used, and the pelvic portion of the sympathetic chain, or the presacral nerve, is removed.

SUMMARY

Surgery of the sympathetic nervous system has proved of extreme value in reliev-

ing the symptoms in diseases which are associated with hyperactivity of the vasoconstrictor influence on the vessels, producing cold, clammy extremities. The majority of patients with Raynaud's disease are immediately relieved of their symptoms following this operative procedure. Certain selected cases of thrombo-angiitis obliterans and chronic infectious arthritis are relieved in direct ratio to the amount of associated vasoconstriction present in the vessels of the extremities. Certain diseases of the colon and bladder are relieved also by interruption of the sympathetic nerve supply.

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THE PRACTICAL SIGNIFICANCE OF DIGESTIVE TRACT ANOMALIES*

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In this communication an attempt is made to present in brief review the practical significance of digestive tract anomalies. The term "anomalies" is used in a broad sense to include not only those conditions which are generally regarded as being beyond the range of normal, but also those within so-called normal limits, more commonly called "variants."

Some of the anomalies here reviewed—namely those susceptible of X-ray demonstration—have already been studied and preliminary results published at various times. These results were based on a combined clinical and roentgen survey of an unselected series (now numbering 3,000) of private patients complaining of digestive disorders, about three-fifths of whom were X-rayed. By way of preliminary survey this entire series was analyzed for the *general* incidence of the more common symptoms of "indigestion." These basic figures are now presented in Table 1, and will be used throughout the present study as a standard of comparison for those anomalies which have been personally encountered.

In the case of those anomalies which are not represented in the present material, references to some of the important *recent* literature are cited.

TABLE 1

INCIDENCE OF THE MORE COMMON COMPLAINTS OF DYSPEPTICS

Based on 3,000 Histories

		Cases	Per cent
1.	Abdominal Pain	1,431	47.7
2.	Constipation	1,386	46.5
3.	Flatulence	1,137	37.8
4.	Belching	1,008	33.6
5.	Headache	691	23.3
6.	Vomiting	598	19.9
7.	Epigastric Distress	414	13.8
8.	Abdominal Distention	381	12.7
9.	Heartburn	337	11.2
10.	Right Lower Quadrant Pain (In 1,691 X-rayed cases)	162	9.5
11.	Nausea	274	9.1
12.	Diarrhea	258	8.6
13.	Food Restriction	233	7.8
14.	Anorexia	181	6.0
15.	Regurgitation	118	3.9
16.	Globus Hystericus	96	3.2
17.	Vertigo	94	3.1
18.	Jaundice	92	3.1
19.	Bleeding (Hematemesis 38, melena 30)	68	2.3
20.	Bleeding (Bright blood in stools)	68	2.3

BODY HABITUS

From the point of view of our discussion, extremes of habitus may be regarded as anomalies or variants of body structure. In our 3,000 cases, 21 per cent were classed as asthenics, 27 per cent as sthenics, and the remaining 52 per cent as intermediates. The differentiation as to habitus was made on gross inspection rather than by means of special measurements or indices. All patients whose habitus was in any doubt were classed as intermediates. Although this procedure may lack accuracy for certain

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purposes, it was felt that the elimination of all borderline cases would increase the reliability of our conclusions as to the general significance of body habitus.

TABLE 2

RELATION OF BODY HABITUS TO CERTAIN CLINICAL CONDITIONS

Total Cases	Condition or Disease	Cases: Asthenics	Cases: Sthenics	Ratio: Asthenics	Ratio: Sthenics
85	Duodenal Bands	45	7	6.4	1.0
300	Gastroptosis	152	34	4.4	1.0
284	Low Cecum	138	37	3.7	1.0
614	Neurosis	173	127	1.3	1.0
526	Appendicitis (Operation)	122	122	1.0	1.0
258	Redundant Colon	63	72	1.0	1.1
235	Duodenal Ulcer	52	88	1.0	1.6
83	Appendicitis (Pus)	15	29	1.0	1.9
188	Cholecystitis	15	89	1.0	5.9
57	Cancer of Stomach	3	32	1.0	10.6
102	High Cecum	5	73	1.0	14.6

A study of Tables 2 and 3 on the reciprocal relation of body habitus and certain common clinical conditions indicates that the asthenic habitus is predominantly associated with most anomalies and functional disorders, whereas the sthenic habitus favors most of the organic diseases of the digestive tract. One special point in this connection would bear emphasis. It is now 16 years since Bryant made the positive statement that appendicitis was much more likely to run a stormy course in stocky than in slim individuals. For some reason this statement has never been either confirmed or disputed. Table 4, which presents the facts in greater detail than the preceding tables, shows that Bryant's observations were correct in the proportion of 2 to 1.

TABLE 3

RELATION OF CERTAIN CLINICAL CONDITIONS TO BODY HABITUS

Condition or Disease	Cases: In 500 Asthenics	Cases: In 500 Sthenics	Ratio: In Asthenics	Ratio: In Sthenics
Duodenal Bands	34	5	6.8	1.0
Low Cecum	113	18	6.3	1.0
Gastroptosis	212	50	4.2	1.0
Neurosis	136	84	1.6	1.0
Appendicitis (Operation)	83	68	1.2	1.0
Redundant Colon	47	44	1.0	1.0
Duodenal Ulcer	31	40	1.0	1.3
Appendicitis (Pus)	11	20	1.0	1.8
Cholecystitis	13	52	1.0	4.0
Cancer of Stomach	3	20	1.0	6.6
High Cecum	3	45	1.0	15.0

TABLE 4

RELATION OF APPENDECTOMY TO BODY HABITUS

Incidence of Appendectomy	Cases	Per cent
In 3,000 unselected cases (general incidence)	517	17.2
Clean cases	408	83.6
Pus cases	80	16.3
In 836 cases of sthenic habitus	125	14.9
Clean cases	90	75.0
Pus cases	30	25.0
In 644 cases of asthenic habitus	123	19.1
Clean cases	106	88.3
Pus cases	14	11.7

ESOPHAGUS

Atresia.—This is a rare anomaly. The total number of cases reported to date in the literature probably does not exceed 200 (Plass, Hirsch, Vinson). In its complete form the condition is incompatible with life, since the esophagus, usually defective in its middle portion, communicates at the top of its lower segment with the trachea or a bronchus, forming an esophago-tracheal or esophago-bronchial fistula. Associated anomalies are encountered elsewhere in the body in about one-half the cases, the most common being atresia ani.

In the incomplete form of esophageal atresia the point of stenosis is represented by a transverse diaphragm or simple narrowing. The prognosis in these cases is not uniformly bad, as they may be relieved by dilatation and appropriate attention to diet.

Only one case of probable congenital atresia of the esophagus was encountered in our series. The patient is a girl, now 27 years old, who has been under observation for the past four years. She had suffered from dysphagia of varying degree from birth, and was never able to eat meat or raw food. On three occasions she had attacks of severe spasm with complete inability to swallow, even her saliva returning by mouth. Her treatment consisted of occasional dilatations, the largest size of bougie or tube that succeeded in passing into the stomach being No. 30 French. She has maintained a normal degree of nutrition although she still has to restrict her diet to soft and fluid foodstuffs.

The *congenitally short esophagus* will be discussed under esophageal hernia of the stomach.

Diverticula.—These diverticula as well as those elsewhere in the body are congenital

only in the sense that the weak spot in the musculature through which they protrude is presumably present from birth. The pouch itself develops later in life from actual use of the viscus involved. This tendency to pouch formation may be widespread so that not only the esophagus, but the duodenum, the colon, and even the urinary bladder may be simultaneously affected.

The typical "congenital" esophageal diverticulum is of the pulsion, as contrasted with the traction, variety. The former is always located on the posterior wall of the esophagus at the pharyngo-esophageal junction. The wall consists of mucosa and submucosa, rarely of muscularis, and the growth of the pouch is backward and downward, *i.e.*, between the esophagus and the spinal column. The condition may be asymptomatic or may give rise to mild but more extreme cases, malnutrition. Passage of a tube into the stomach is practically impossible in large pouches as the tip engages in the diverticular aperture. Surgical excision gives good results in advanced cases. The mild ones may be improved by general measures such as fattening and control of the nervous symptoms.

In our series of 1890 X-rayed patients, only two instances of esophageal pulsion diverticula were encountered. It is possible that some mild cases may have been overlooked. In the same series, four cases of traction diverticula were observed. Both our pulsion cases occurred in women although the male sex is said to be far more commonly affected. The older of our two patients possessed the larger pouch and as a result was much undernourished. Her nutrition was markedly improved by appropriate modification of diet and attention to detail. The other patient has likewise done well on medical management.

DIAPHRAGM

Eventration.—This condition is due to congenital diminution or complete absence of muscular tissue in the diaphragm. Usually the left side alone is affected, though occasionally the right side or both may be involved. In our series of 1890 X-rayed cases, 18 instances (1 per cent) of eventration were encountered, twelve of these being on the left side. Only a few were sufficiently marked to cause symptoms. The most common complaints are chest distress, palpitation, difficult belching and flatulence. The symptoms are due to imprisonment of air, either in the stomach ("gastric pneumatosis," "chronic stomach bubble") or in the splenic flexure of the colon. "Heart trouble" is often the complaint that brings these patients to the physician.

In addition to reassuring these patients, they should be instructed how to avoid or minimize gas accumulation under the left diaphragm.

STOMACH

Esophageal Hernia.—Herniation of the cardiac end of the stomach may occur through the esophageal foramen of the diaphragm. This condition is thought by some to result from an early inhibition in the growth of the esophagus (congenitally short esophagus). Esophageal herniæ usually remain undiscovered unless the patient is examined roentgenologically in one of the recumbent or inverted positions. Under these circumstances an inch or two of the stomach may protrude into the chest cavity, although in rare instances much of the retrocardiac space may be filled by the gastric fornix. In one of our cases a knuckle of colon protruded through the esophageal foramen. The literature is reviewed in the excellent paper by Ritvo.

In the present series esophageal hernia occurred in about one per cent of cases, mostly in sthenic women. Usually this condition caused no symptoms, but when these did occur the chief complaints were sour regurgitation, and bad taste when the patient lay supine or in the left lateral position.

Thoracic Stomach.—This is a very rare anomaly (LeWald) in which an extremely short esophagus leads to a stomach located entirely above the diaphragm. The duodenum passes into the abdomen through the esophageal foramen. The condition is asymptomatic. No complete case was encountered in our series but there are two instances of partial thoracic stomach in which the upper third of the organ was constantly present in the chest cavity, despite change from the prone to the erect posture.

Diverticulum.—Diverticula are rare in the stomach in comparison with their incidence in the rest of the digestive canal (Akerlund, Kalbfleisch). Only two fairly definite and five doubtful cases were encountered in our

series. The true or congenital pouches always occur at the weakest part of the gastric musculature, namely, in the cardiac region. They are to be distinguished from false or acquired diverticula which are secondary to intrinsic or extrinsic lesions and may occur anywhere in the viscus.

No symptoms are produced by gastric diverticula but complaints may be erroneously attributed to them. Their chief clinical importance is that they may be mistaken for ulcer niches.

Congenital Pyloric Stenosis.—Although universally regarded as congenital in origin, the manifestations of the disease do not occur until the second to the fourth week of life. Almost six-sevenths of the cases are in males and almost one-half are in first-born children. According to John Thomson, children who survive the disease in infancy are in no way handicapped thereby in after life. No cases were encountered in the present series which consists almost exclusively of adults.

DUODENUM

Anomalies of Course and Fixation: General Considerations.—Normally the duodenum is entirely retroperitoneal and is fixed to the posterior abdominal wall as a result of absorption of its primitive mesentery. This arrangement seems to favor the rapid transport of contents characteristic of this part of the intestine.

The following anomalies may under certain circumstances interfere with duodenal motility and cause general or local symptoms:

1. Congenital bands, representing the unabsorbed free edge of the lesser omentum (lig. hepatoduodenale, lig. hepatoduodenocolicum), which fix the duodenum in its first or second portion.

2. Structures which cross the second and third portions of the duodenum and which may at times exert sufficient pressure to cause at least transient stasis. These structures are the transverse mesocolon, the middle and right colic artery, the superior mesenteric artery, and the root of the mesentery (Kellogg). The special conditions under which such pressure may be produced are right coloptosis and low cecum, unusually short mesentery of the small intestine, atypical origin or course of the superior mesenteric artery and its branches. All these factors operate in the erect rather than in the prone position.

3. Non-fixation of the duodenum due to persistence of the primitive mesentery, resulting in undue mobility (Minz, Banzet). This variation would be harmless if it were not for the relatively short course of the duodenum and the fixation of the duodeno-jejunal angle to the posterior abdominal wall by the ligament of Treitz.

4. Non-rotation of the duodenum so that the jejunum comes off to the right instead of to the left of the spine (Banzet, Wanke). This anomaly, which is said to occur in 1 per cent of cases, may produce stasis in the same way as non-fixation.

5. High fixation of the duodeno-jejunal angle with or without adhesions in the fossa of Treitz (Freeman, Judd). This arrangement increases the opportunities for kinking.

Anomalies 2, 3, 4, and 5 were encountered too seldom in our series to admit of statistical study. Lack of time has prevented investigation of all varieties of duodenal bands as represented in the present series, but the findings in a specially selected group are reported in the following section.

Duodenal Bands.—The hepato-duodenal and hepato-colic ligaments are attached to or cross the duodenum in its first or second portion. When the first portion alone is involved, various deformities of the cap are observed roentgenologically. The present study has been limited to bands involving the second portion. These pull the duodenum out to the right more or less along the border of the liver. This arrangement acts as a point of irritation or transient stasis so that delay in motility and retroperistalsis are frequently observed. The most frequent associated anomaly is the low cecum.

Duodenal bands occurred in 85 (about five per cent) of 1,754 X-rayed cases. Females constituted 79 per cent of the number, and asthenics predominated over sthenics in the proportion of 53 per cent to 8 per cent.

The symptomatology is characteristic. In most cases both general and local manifestations are present. The general complaints ("duodenal migraine") include nausea (44 per cent), headaches (44 per cent), vomiting (41 per cent), and vertigo (20 per cent), which occur from two to three or more times as often as in the unselected series (Table 1). The local symptoms are epigas-

tric pains resembling either duodenal ulcer or gall bladder disease.

The treatment of this condition is both medical and surgical. Most cases respond to correction of the accompanying ptosis, improvement of nutrition and restoration of colon function. Rest in the prone position is helpful. A few well selected cases are relieved by surgical treatment—division of adhesions, short-circuiting operations.

Diverticula.—These are congenital in the same sense as are the pulsion diverticula of the esophagus previously described. They occur almost always on the mesenteric aspect of the duodenum at weak spots in the musculature through which the vessels pass. They are occasionally associated with ectopic pancreas tissue. Sometimes these diverticula are a part of a more generalized diverticulosis involving not only the gastrointestinal tract but the urinary bladder as well. Duodenal diverticula may be single or multiple and are found most often in the second portion of the organ, usually in the neighborhood of the papilla of Vater. It is not unusual for the pouch to extend into or through the pancreas. In most cases the muscularis is lacking in the wall of the diverticulum (Case, Cole).

The diagnosis is made readily on roentgen examination, although in some cases careful fluoroscopy with blocking of the distal duodenum, as recommended by Case, is necessary for visualization. In the present series, 16 cases were encountered, an incidence of less than 1 per cent. The incidence in the literature varies from 1 to over 3 per cent. In our group there were 9 males and 7 females, and the sthenics outnumbered the asthenics by 8 to 3.

As with other anomalies, symptoms may be entirely lacking. In some cases the clinical picture may resemble either duodenal ulcer or gall bladder disease. The specific symptoms are either those of duodenal irritation (pain) or of intermittent stasis. In the latter case the syndrome of "duodenal migraine" may be present (see above).

Operative therapy is indicated in the more severe cases. Excision is the ideal procedure, but inversion may be all that can be accomplished in some instances. Occasionally identification of the diverticulum on the operating table is a matter of great difficulty. Two of our 16 cases were operated on, one with complete relief following excision, the other with only partial success, following inversion.

THE JEJUNUM AND ILEUM

Diverticula.—Diverticula of the jejunum and ileum resemble those of the duodenum in their pathology. Their occurrence is rare. Spriggs and Marxer found seven in the jejunum, a similar number in the ileum (excluding Meckel's diverticulum) and six in the appendix in a series of 1,000 consecutive X-rayed patients. Case has reported five cases in the jejuno-ileum, in 6,847 examinations. But one case of jejunal diverticulum was observed in our series—apparently an accidental finding. Although usually quite harmless, these pouches may occasionally undergo the changes characteristic of diverticulitis elsewhere in the digestive canal.

Meckel's Diverticulum.—This structure represents the incompletely absorbed omphalo-mesenteric duct of the embryo. According to anatomists it is present in approximately 2 per cent of the adult population. Although identified in 1.5 per cent of all operated cases (Balfour), it is extremely difficult to recognize roentgenologically. Not one case has been recognized in the present series, nor have I seen it in at least an equal number of hospital and clinic cases.

Meckel's diverticulum is, nevertheless, of clinical interest (Aschner, Foss). Not only may it be the site of mechanical obstruction (chiefly strangulation, less often intussusception), or of inflammation, but in some cases, it may harbor ectopic gastric mucosa which may undergo inflammation, ulceration, hemorrhage or perforation just as in the stomach proper. In addition, Meckel's diverticulum may be the site of congenital ileal fistula, or tuberculous ulceration, or of perforation in typhoid fever or by a foreign body.

Congenital atresia may occur as a rare anomaly. A case was reported before a local medical society by Neff. The patient was a boy of 14 who suddenly developed intestinal obstruction. At operation the terminal ileum was represented by a narrow fibrous tube of less than lead pencil caliber. The patient recovered completely after resection of the affected part.

Retroperitoneal Hernia.—This is a rare condition which may occur in the following forms: 1. Paraduodenal; 2. Paracecal;

3. Intersigmoid; 4. Hernia into the lesser sac through the foramen of Winslow or through a hole in the transverse mesocolon. The most common varieties are the first and last. Heretofore these herniæ have been recognized only on the operating or post-mortem table, but with the advent of the X-ray an earlier diagnosis has been made possible. Case has pointed out the chief roentgen criteria, namely, confinement of the involved small intestine in a small spheroid zone, and fixation of the intestine to that zone in the erect as well as in the prone posture.

The symptoms of retroperitoneal hernia are really those of chronic or intermittent intestinal obstruction. One case of paraduodenal hernia was encountered in our series.

The patient was a man of 50, who in December, 1922, developed vomiting with sharp cutting pain in the left epigastrium and hypochondrium. Physical examination at that time was negative. Test meal revealed high acid figures. Roentgen study showed that the pyloric end of the stomach was displaced somewhat to the right and that the small intestine was all crowded into the left abdomen, with the exception of one loop, which described almost a complete circle and occupied practically all of the false pelvis. The significance of these findings was overlooked at the time. From December, 1922, to June, 1923, the attacks recurred less severely every two to three weeks, but by the end of this period the seizures came on weekly and were accompanied for the first time by the vomiting of large amounts of bile. Physical examination now revealed a cyst-like mass, dull on percussion, occupying the mid-abdomen.

August 13, 1923, operation for supposed mesenteric cyst showed a thick walled cystiform mass the size of a small football which on close examination proved to consist of the retroperitonealized small intestine. A wide jejunum entered this mass above from the left, and a collapsed terminal ileum emerged from the right below. The abdomen was closed without disturbing the tumor and the patient recovered from the exploration and remained comfortable for over three years.

In December, 1926, there was recurrence of pain and vomiting of bile nightly. Obstruction was obviously present, with visible, painful peristalsis. January 19, 1927, second operation. The small intestinal sac was now opened and the "membrane" (posterior peritoneum) dissected off and the enclosed adherent bowel loops freed. Recovery was uneventful.

January, 1931. The patient has remained symptom free and in good health for the four years following the second operation.

Inguinal, Femoral and Epigastric Hernia.—Ordinary herniæ are really congenital in origin in the same sense as are diverticula of the alimentary canal. The ruptures occur at points of known fascial weakness corresponding to the exit of vessels from the abdominal cavity. In some cases, both the terminal sac and its contents exist at birth, in others the sac alone is present, but the contents do not enter until some later period (Moschcowitz).

In the present series of 3,000 cases, an actual or repaired inguinal hernia was encountered 127 times, an incidence of 4.2 per cent. Epigastric hernia occurred 12 times (0.4 per cent), whereas femoral hernia was present in but 7 cases (0.2 per cent).

BILE DUCTS

Atresia of the bile ducts is a rare anomaly, in which the bile fails to find its normal outlet into the intestine. Probably not over 200 cases have been reported to date. In the fetus, according to Ylppö, the extra-hepatic ducts are first patent, then lose their lumens through epithelial proliferation, and only later become patent again. When the final restoration of patency is incompete or lacking, atresia results. The characteristic jaundice appears soon after birth, but may be delayed for two or three weeks until the bile pigment storing capacity of the liver is exhausted. Since this condition is incompatible with survival for much over two months, atresia of the bile ducts is generally regarded as universally fatal. Recently, however, Ladd of Boston has pointed out—confirming his claims by several recoveries—that if either the gall bladder or the common duct communicates with the liver, an anastomosis with the intestine is technically feasible and may save life.

Acute Pancreatitis.—Although the etiology of this disease cannot be regarded as a closed matter, it has been pointed out by Mann and Giordano that the anatomic arrangement of the biliary and pancreatic ducts is such as to admit the possibility of

bile regurgitation into the pancreas in 3.5 per cent of subjects. Reasoning from the fact that pancreatitis was found associated with biliary disease in only 2.6 per cent of 1,280 operated cases of gall bladder disease (a figure well within the 3.5 per cent limit), and that in six of eight carefully studied cases of pancreatitis the anatomic possibility of biliary retrojection was confirmed, Colp argues that the occurrence of acute pancreatitis depends chiefly, if not exclusively, on the presence of a congenital anomaly of the ducts favoring retrograde bile passage into the pancreas.

COLON

Embryology.—In the course of fetal development, the colon undergoes the following progressive changes (Huntington):

1. Migration, during which the primitive intestine leaves the body cavity, enters the hollow umbilical cord, and returns to the abdomen. This journey is accomplished soon after the tenth week, and during this period the cecum makes its initial appearance.
2. Rotation, in which the cecum passes counter-clockwise from the mid-region at the umbilicus, upward, then from left to right across the duodenum, and finally reaches the subhepatic position under the right lobe of the liver at about the eighth month of fetal life.
3. Descent, in which the cecum progresses downward from the liver, crosses the crest of the ilium, and comes to rest in the middle of the right iliac fossa. Ordinarily this stage is reached at term, but the development may not be completed for a variable interval after birth.

Colonic anomalies are among the most interesting malformations of the digestive tract and are often hereditary and familial in occurrence. Some forms are so common as to play a rôle in the symptomatology of everyday life. The following groups may be distinguished:

1. Anomalies of length.
2. Anomalies of rotation.
3. Anomalies of descent.
4. Anomalies of fixation.

1. *Anomalies of Length.*—These include the abnormally short and the long (redundant) colon. The former is probably not responsible for symptoms, unless increased colonic irritability be regarded as such.

The Redundant Colon.—The redundant colon is one which is too long to fit into the body of its owner without undergoing reduplication. The distal colon is the part usually affected, the most common variety being an enlarged sigmoid loop centrally placed and rising well out of the pelvis. The diagnosis of this condition is made by roentgen examiantion after the opaque enema to show the form, and after the opaque meal to show the function, of the large intestine. In many cases the stomach is deformed and displaced by the elongated bowel segments.

In 1,614 X-rayed patient, 258 cases of redundant colon were encountered, an incidence of 16 per cent. Both sexes and both extremes of habitus are affected with approximately equal frequency.

The chief symptoms are constipation, pain, and gas distress. The constipation, which is the outstanding manifestation, occurs in 69 per cent of cases, usually dates from birth, and is characterized by long intervals between stools. Gas distress is almost twice as frequent (70 per cent) as in the general series and is often localized to the region of the loop. Pain at various points in the course of the colon, may suggest carcinoma, heart disease, gall bladder disease, or appendicitis. Volvulus can occur only in redundant colons. It is probably the result of too violent efforts at purgation.

The management of redundant colon consists essentially in the withdrawal of all forms of colonic abuse and the restoration of normal function by conservative measures. Surgical intervention should be reserved for cases of volvulus only.

2. *Anomalies of Rotation.*—Non-rotation of the colon is revealed by the presence of the cecum in the left iliac fossa. The ascending colon remains in the left half of the abdomen and the terminal ileum enters the colon from the right instead of from the left side. Since the anomaly is very rare—but two cases were encountered in the present series—it is still impossible to evaluate the clinical significance of this condition.

3. *Anomalies of Descent.*—These include arrested descent of the cecum (high cecum), and hyperdescent (low cecum). In the majority of cases (75 per cent) however, the cecum comes to lie in the normal position, at the middle of the right iliac fossa.

High Cecum.—The cecum may be arrested in its descent at any stage between the liver and its normal position. All ceca occupying a position not lower than the upper third of the iliac fossa may be conveniently grouped for study under the term "high cecum."

The diagnosis of this condition is best made roentgenologically nine hours after the ingestion of an opaque meal. In 1,583 X-rayed cases high ceca occurred 102 times (6 per cent). Males predominated strikingly over females (73 per cent vs. 27 per cent), as did sthenics (71 per cent) over asthenics (5 per cent).

On the whole this group is composed of robust individuals, remarkably free from the common manifestations of digestive upset, such as headaches, vomiting, and constipation. The chief point of interest in high cecum is its relation to appendicitis. Owing to the high location of the appendix, the clinical picture may resemble acute cholecystitis more than appendicitis. Furthermore, the presence of actual inflammation ("pus appendix") is over twice as likely (36 per cent) in the high cecum as in the average appendectomy case (16 per cent), and more than three times more likely than in low cecum (10 per cent) (Table 5).

Low Cecum.—The low cecum is the result of embryologic hyperdescent, the organ coming to rest in the true pelvis. The diagnosis is best made nine hours after the ingestion of the standard opaque meal. In the present series the cecal tip was fixed in 32 per cent of the cases. The most common associated anomaly was duodenal hyperfixation (bands) which occurred in twice (11 per cent) the usual proportion of cases.

Low cecum was observed 284 times in 1,581 X-rayed patients—an incidence of about 18 per cent—making it the most common anomaly of the colon. Women constituted 72 per cent of the cases and asthenics predominated over sthenics in the proportion of 4 to 1.

The symptoms produced by the anomaly are of two orders, general and local. The general symptoms are the same as those previously described as "duodenal migraine." Vomiting occurs in 43 per cent and headache in 38 per cent of cases. These symptoms come on as a result of strain, fatigue, excitement, dietary indiscretion or menstruation.

The local symptoms are referable to the right lower quadrant where both pain and tenderness considerably exceed the general incidence of these findings. Cecal stasis aggravates the local discomfort. It is undoubtedly for this reason that low cecum patients constitute the most frequently appendectomized group of colon anomalies (Table 5). As a matter of fact, appendix removal is unwarranted because the operative findings reveal the smallest proportion of "pus" cases of any group studied in the present series.

The explanation of the general symptoms in low cecum is interesting. According to the best available evidence the actual cause of the symptoms resides in the duodenum, where transient blocks are produced. These transient retentions are assumed to result from the intermittent drag of the low cecum, the pressure being mediated through any of the structures that cross the second or third portion of the duodenum as already described.

TABLE 5

RELATION OF APPENDECTOMY TO COMMON COLON CONDITIONS

Incidence of Appendectomy	Cases	Per Cent
In 3,000 unselected cases (general incidence)	517	17.2
Clean cases	408	83.6
Pus cases	80	16.3
In 258 cases of redundant colon	50	19.3
Clean cases	42	84.0
Pus cases	8	16.0
In 300 cases of colitis	68	22.7
Clean cases	53	77.9
Pus cases	15	22.0
In 102 cases of high ceca	24	24.0
Clean cases	14	63.3
Pus cases	8	36.3
In 284 cases of low ceca	70	24.6
Clean cases	62	89.9
Pus cases	7	10.1

The medical management of the low cecum suffices in the great majority of cases, and consists of treating the asthenic habitus, fattening the patient, controlling the neurosis and relieving the cecal stasis, as far as possible, by improving distal colon function.

In rare, carefully selected cases, colofixation may possibly be indicated.

4. *Anomalies of Fixation.*—These include hyperfixation and hypofixation of the colon, more particularly the proximal segment. Despite a considerable literature, the exact clinical significance of these conditions has not been adequately studied by modern methods. Hyperfixation implies reduced

mobility of the ceco-colon by fixation above (hepatico-colic bands), across its surface (Jackson's veil), or below by peritonealization of the normally free cecum. The old terms "typhilitis," "perityphlitis," and "chronic appendicitis" have been applied in this connection.

Hypofixation is due to persistence of the primitive mesentery (mesocolon) on the right side. This is said by anatomists to occur in about one-fifth of all cases. Volvulus of the cecum is an occasional complication of hypofixation. The old concept of "cecum mobile" and the new one of "right coloptosis" have been assigned as reasons for performing fixation operations in this region.

Diverticulosis.—As in the case of the small intestine the colonic pouches usually lie between the leaves of the mesentery, but may occur on the free surface or in the appendices epiploicæ as well (Case). Some of the diverticula contain all four coats of the bowel, whereas others are composed only of mucosa, submucosa, and serosa. In regard to etiology, the same ideas apply as have been stated in connection with the diverticula previously discussed, namely, the pouches do not necessarily exist at birth, but a congenital, localized weakness of the musculature is assumed to be present. As time goes on, the tone of the bowel wall may be further weakened by constipation and by the development of cathartic and enema habits. The diverticula are multiple, generally affect the distal colon, and are not uncommonly associated with diverticulosis elsewhere, as already mentioned.

Fifty cases were observed in our series, making an incidence of somewhat over 3 per cent. The distribution as to sex was about equal (27 females, 23 males) but the sthenic habitus predominated decisively over the asthenic (56 per cent vs. 10 per cent). Most of the patients were past middle life and constipation was more common (56 per cent) than usual (46 per cent).

Colonic diverticulosis is interesting because, like Meckel's diverticulum, it illustrates an important principle in anomalies, namely, that it may not be the anomaly as such that causes trouble, but some superimposed factor. In this case, the factor is inflammation, and when this occurs diverticulitis is said to exist. Diverticulosis alone is therefore asymptomatic, whereas diverticulitis presents a whole gamut of symptoms. In its mildest form it is associated with increased colonic irritability (simple colitis) the incidence of this condition in our series being 58.3 per cent as against a general incidence of 39.7 per cent in an unselected series of 934 cases. When the inflammation is more marked and localized we find the clinical picture of a left-sided appendicitis, with fever, vomiting, pain, tenderness, and rigidity. A still more serious and distressing variety is the indurative form, closely resembling pelvic colon carcinoma, with tumor, obstruction, pus formation and a grave prognosis. We lost one case of this variety.

ANOMALIES OF THE RECTUM AND ANUS

Malformations of the end-gut and proctodeum are rare, occurring once in every 10,000 births (Tuttle). The chief varieties are strictures, imperforations, abnormal openings, usually at the vulva in girls and at the perineum in boys. The more common associated anomalies, in addition to esophageal atresia, are cleft palate, nasal and pharyngeal obstruction, hypospadias, and exstrophy of the bladder. The graver forms are incompatible with life. The simpler varieties, such as imperforate anus, may be corrected by appropriate plastic procedures.

SUMMARY

1. The field of digestive anomalies is reviewed for the purpose of emphasizing their clinical significance.

2. Original statistics are presented whenever possible, from a series of 3,000 private cases which was used for a combined clinical and roentgen study.

3. Among the subjects treated in greater detail are body habitus, duodenal bands, colonic anomalies, and the relation of appendectomy to body habitus and some of the more common conditions of the colon.

4. The most common digestive anomalies causing symptoms are those of the duodenum and colon.

5. The most common symptoms due to digestive anomalies are vomiting, headache and constipation.

6. The most serious complications of digestive anomalies are volvulus and diverticulitis.

BIBLIOGRAPHY

Note: An extensive bibliography accompanied this paper. It is too long to print here but will appear in the author's reprints.

DIAGNOSIS OF MILD HYPOTHYROIDISM

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For two months I have tried to induce the Journal* to print correctly the title of the paper which I was to read at this meeting. Each time the proofreader has substituted "hyperthyroidism" for "hypothyroidism." My aggravation turned to pleasure when on second thought I realized the significance of this mistake. It has provided me with a most appropriate text. The proofreader insisted on the word hyperthyroidism because that is the only word he knew. Which is fairly typical of the medical world in general. We know hyperthyroidism well and feel familiar with it. But of hypothyroidism we hear but little and we scarcely recognize the word or the clinical picture it represents. Yet it is probably the most common of all chronic diseases in Michigan.

The examination of a large number of school children anywhere in our state will reveal a number with thyroid enlargement. I have seen a dozen or more girls in succession showing this abnormality. Systematic study of thousands of children in primary grades and in high schools has shown that from 25 per cent to 45 per cent have simple goiter.

Simple goiter in childhood is in reality hypothyroidism. The enlargement is a hypertrophy due to overwork of the thyroid gland and pathologically it consists of a hyperplasia of the parenchymal cells. The hyperplasia was produced because the gland was unable to meet normally the demands made upon it. Such over-development occurs where iodine is lacking, and may be prevented by the administration of iodine. Systemic infections increase the load on the thyroid and predispose to hyperplasia. Puberty acts in the same way, and produces similar enlargement.

SIMPLE GOITER IS HYPOTHYROIDISM

Essentially thyroid hyperplasia is hypothyroidism, or, at least, is due to hypothyroidism. The gland having been unable to secrete sufficient thyroxin, becomes hypertrophied in the effort to compensate for the deficit. As long as this effort toward compensation is successful the body generally does not suffer. That represents hypothyroidism in its simplest form, all the pathological changes being restricted to the thyroid itself. Such is the picture presented in all these children who have palpably enlarged thyroids, but no other evidence of disease. Presumably, such a condition may persist for years without further complication. In favorable cases it may even resolve itself back to a normal status. On the other hand, the compensatory effort may fail to supply the needs sooner or later, and then the body generally is affected.

Hyperplastic goiter in young children occurs equally in the two sexes. It is only at or near puberty that the preponderance in girls becomes evident. After puberty the condition is nearly twice as common in girls as it is in boys.

The hyperplasia may occur at any age. It has been seen at birth and may develop during the early months of life, even while the child is nursing at the breast. At six years it is already common, and during the high school years as high as 45 per cent may present this enlargement.

HYPERPLASTIC GOITER WITH SYSTEMIC EFFECTS

So far we have been considering a form of hypothyroidism manifested by hyperplasia of the gland without other signs or symptoms. The following case report will illustrate the second group, consisting of patients with a hyperplastic goiter in which the hyperplasia has not compensated fully for the deficiency of thyroxin and the general health is impaired.

Case 1.—E. L., a girl of 14 years, has had slight thyroid enlargement for several years. Her health has never been seriously impaired, but she has not been quite well since a year ago. At that time she developed a chronic ear infection. Removal of the tonsils did not entirely clear up the trouble in the ear, nose, and throat. During this time the patient has not done well in her studies. She is somewhat listless and her cerebration is retarded. The appetite is poor, but the weight is normal. Her skin is dry and the complexion is not clear. A metabolism estimation was not made, but the diagnosis of hypothyroidism is justifiable.

This patient might have escaped the systemic damage if it had not been for the ear

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*Not the *Journal of the Michigan State Medical Society.*—Editor.

infection. The compensatory hyperplasia was not sufficient to maintain the body metabolism so as to take care of the overload due to infection.

This picture, frequently seen in childhood, is also duplicated in adults.

Case 2.—Miss A. M., age 25 years, has been slightly unwell for seven years. The chief symptoms are breathlessness, fatigue, and scanty menstruation. The patient's weight has gradually increased, and is now 20 pounds over the normal. The temperature, pulse rate, blood pressure, and metabolism rate are all within normal limits.

The diagnosis might well be overlooked in a patient with so few symptoms as given above. The therapeutic test of thyroid extract administration offers strong confirmation, however, that the condition is one of hypothyroidism. All the symptoms were relieved promptly after this treatment.

Case 3.—Mr. W. S., 51 years of age, was referred for general examination because a rectal operation wound failed to heal normally. He complains of dyspnea, swelling of feet and hands, sensitiveness to cold, fatigue and weakness. The examination shows edema of the feet and fingers, very low blood pressure, dry skin, slow pulse, low temperature, slight obesity and a metabolism rate of minus 7 per cent.

Case 4.—Mrs. T. H. M., age 45 years, states that she never had a normal menstruation. To relieve the menstrual distress both ovaries were removed at the age of 25 years. The menses stopped, but her health has been poor ever since. Her hands are cold and numb. Edema is present. She is 80 pounds overweight. Always tired. Temperature normal. Blood pressure slightly elevated. Metabolism rate minus 13 per cent.

These patients exhibit various degrees of hypothyroidism but none of them more than faintly resembles myxedema. There is a definite gradation of symptoms from simple goiter on the one hand to myxedema on the other. If we imagine a pyramid to represent this gradation we might place myxedema below for the broad base of the figure. The tapering apex would be the hyperplastic or simple goiter. The main body between these two would be occupied by hypothyroidism. The relative size of the apex, mid-section and base would be roughly proportionate to the severity of hyperplastic goiter, hypothyroidism and myxedema respectively.

THE SYMPTOMS OF HYPOTHYROIDISM

What then are the characteristic symptoms and signs of mild hypothyroidism? These can largely be grouped under the general heading of lowered metabolism and lessened energy production. The corresponding symptoms and signs are mental retardation, obesity, poor appetite, drowsiness, fatigue, poor circulation, coldness, numbness, edema, slow pulse and low temperature. A second group dealing with the condition of the skin would include infiltration, lack of perspiration, hair-loss and acne. A third group emphasizes the relation to the other endocrine glands as manifested by dysmenorrhea due to ovarian disturbance, low blood pressure and breathlessness due to adrenal deficiency, impotence due to the gonads and finger tingling or numbness possibly due to the parathyroids.

Not all of these symptoms are necessary for a diagnosis. Advanced myxedema may exemplify all of them but mild hypofunction may give rise to onlv a few of these abnormalities; *e.g.*, fatigue, numbness, slight edema, breathlessness and menstrual disturbance.

DIFFERENTIATION FROM HYPERTHYROIDISM

There is no clear line of separation between hypo- and hyperthyroidism. One condition is frequently mistaken for the other. In either case the patient may show nervousness, sweating, tremor, increased reflexes, tachycardia, and menstrual disturbances. The temperature may be elevated slightly in hypothyroidism and the blood pressure also. The metabolic rate may be the only definite sign in a doubtful case. Repeated metabolic readings of plus 20 per cent or over are diagnostic of hyperthyroidism. A definitely low metabolism is rare even in hypothyroidism, most cases varying from plus 10 per cent to minus 15 per cent.

CONCLUSION

A mild hypothyroid state is a common clinical entity in Michigan.

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A CLINICAL STUDY OF MYXEDEMA IN MICHIGAN

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The relation of myxedema to the geographic distribution of goiter has received scant attention in America. In 1894 Dock[1] in speaking of the apparent prevalence of goiter before the Michigan State Medical Society remarked that myxedema was not as prevalent in Michigan as one would expect, from comparison with other regions of the globe affected with goiter.

Since that time there have been reports of sporadic cretinism in the United States, particularly by Osler[2] and Hammond[3] and although several cases were reported from Michigan there has been no work to show that in this country cretinism and myxedema are more common in goitrous areas. However as the state has grown in population and institutions, it has not been difficult to discern the frequency of both diseases as compared with other localities. One example concerning cretinism is found in comparing the incidence of the condition in the Wayne County (Michigan) Training School for feeble minded children and a similar institution in Eastern Pennsylvania, at Elwyn.[4] In the Michigan institution there are 3 to 4 cretins constantly under treatment while at the Elwyn Home only one such child has been seen in several years. It has been the impression of the staff of the University Hospital that myxedema is considerably more prevalent among Michigan residents than is found in teaching hospitals in non-goitrous states.

In a six year period 1924–1930 we have studied 64 cases of idiopathic myxedema, 58 of them citizens of the State of Michigan, three from Ontario, two from Ohio, and one from South Dakota. The distribution as to counties followed closely the concentration of the population. Only eight of the patients in this series had been born in foreign countries.

In five of the cases a history of previous goiter was obtained, but in many of them such a finding was denied, none were found on examination and the opinion of both Ord[5] and Howard[6] that a preceding goiter would be present in many cases if looked for, still remains to be substantiated.

The widespread utilization of basal metabolic determination in clinical medicine has led some clinicians to divide myxedema into two classes, based on the supposed relative severity of thyroid insufficiency, those called hypothyroidism and those designated as true myxedema. There are several reasons why this classification is unacceptable. It is probable that we have leaned too heavily upon the laboratory data, and that the standard normal basal metabolic rate (+ 10 to — 10) is more flexible than is generally supposed. On the other hand early cases of true myxedema are not difficult to recognize when all factors are considered, while the diagnosis "hypothyroidism" rests heavily upon a laboratory factor.

It is not uncommon to find perfectly normal young individuals with basal rates of more than minus 20 per cent and in these cases the clinical response to specific medication should form a part of the diagnositic criteria, together with the clinical findings, before we accept the term "hypothyroidism" as a diagnosis in individual cases. J. L. Miller[7] insists that clinical myxedema should be accepted as the criterion of hypothyroidism.

The basis of the clinical diagnosis in myxedema consists of evidence of retarded body processes; this always is general, although at times one system manifests the effect more than others, and it is only by keeping this point in mind that the diagnosis regularly can be made. One case may show, as the outstanding clinical finding, anemia, another dyspnea, and another gastro-intestinal symptoms, thus making it necessary to study each system of the body for evidences of a "slowing-up" process. Particularly mental symptoms are notable in young patients, while gastro-intestinal complaints, or general weakness, may be prominent in older people. In this series, weakness, above all other symptoms, was the most common as well as a very frequent early complaint.

Aside from the clinical evidence bearing upon the diagnosis there are two features of the disease which remain quite constant; one is the lowered basal metabolism, and

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the other is the sensitiveness which these patients exhibit to specific medication. It requires much less thyroxin to raise the basal metabolic rate 10 per cent in myxedema than it does in a normal individual. This fact has been noted by many writers, but its practical application has not received general attention.

The clinical study of myxedema is best undertaken by observing and interpreting the changes which occur in the various systems of the body.

The most striking points in the appearance of the patient with myxedema from the diagnostic standpoint are the retarded growth of hair, and absent or diminished sweating. We have found these to be the most constant easily discernible findings in both the early and the outspoken cases, and they appear to be more important than the "myxedema" upon which so much emphasis has been placed.

It was our impression that in this series the younger patients form a proportionately larger group than in those gathered without reference to geographic distribution.

Table I gives the age and sex incidence of the series:

TABLE I

Age groups	Male	Female	Totals
15–20	0	9	9
21–30	0	8	8
31–40	4	7	11
41–50	7	10	17
51–60	4	13	17
61–70	1	1	2
	16	48	64

It should be noted that the age incidence is taken from the time of admission to the hospital and that if it were to be taken at *age of onset* the percentage incidence of younger patients would be much higher than that given. Myxedema is thought, commonly, to be a disease of middle life. However, in contrast with figures given by Dock,[8] in this series there is a general, rather than a specific, age distribution.

The diversity of symptoms in myxedema is shown by an analysis of the chief presenting complaint as shown in Table II, which illustrates the predominance of "weakness" over mental symptoms. It was noted in the histories that, even when mental symptoms occur, the complaint of weakness usually is present.

TABLE II

Weakness or dyspnea	32
Mental	15
Gynecological	6
Digestive	4
Skin lesion	3
Anemia	2
Obesity	2
	64

Taking up consideration of secondary signs, it is found that thirteen, or 20 per cent, of the patients were obese. Should this be found true generally, the current conception that patients with myxedema are fat has no foundation in fact. Of the patients of this series who either lost or gained before admission, sixteen increased in weight and eighteen lost weight, indicating that appetite and activity probably influence gains and losses in weight as in normal people. It is to be emphasized that the diagnosis of early or mild myxedema should be made with caution in obese persons, always taking into consideration dietary habits, age, familial disposition and menopause, and remembering that *obesity emphasizes rather than submerges the characteristics of the disease.* In speaking of obesity, we have in mind the usual definition of the term, that of extreme corpulency, and in this series the thirteen patients weighed more than 170 pounds.

The sex incidence in myxedema is predominantly female, but in this series 25 per cent of the patients were males, and this figure must be contrasted with that by Dock[8] as 7 to 1, thus conforming to the lessened preponderance of females with goiter in goitrous districts as compared with non-goitrous regions.

In considering the possible relation between the thyroid deficiency and the ovarian function, there were in this series 34 female patients between the ages of 14 and 51. Only 12 of these gave a history of menstrual disturbance, and this figure (35 per cent) might be obtained in any study of chronic disease in a small series of cases. There was no marked tendency for the disease to have its onset at the menopause.

Patients with myxedema are not particularly subject to infections, and the statement by Minot[9] that the deficiency in thyroid secretion is intensified by infection, is derived from the work of McCarrison, but we have not found it to be particularly convincing. One of our cases entered the hos-

pital with a perirectal abscess, and many patients dated the onset of their disablement from an attack of influenza or an upper respiratory infection.

Studies of the heart in myxedema have been extremely interesting and in this series, especially in elderly subjects, there is considerable evidence of either functional or organic heart involvement. In all cases in which electrocardiograms were done before and after treatment, changes from negative to positive T waves were noted. We have not noted the "dilated" heart shadow by X-ray, which Fahr[10] has observed, but in several cases without obvious cause (*i.e.*, hypertension) there was found a Danzier ratio of more than 0.50. In all such cases it is necessary to consider the presence of a pericardial effusion, as found by Ord[5] and by Hun and Prudden.[11]

In a significant number of the cases the pulse rate was normal or above normal and the slow pulse as a cardinal sign in myxedema has not been constant. However, in general the pulse rate *was slow,* and was noted to increase as the basal metabolic rate approached normal. There was no correlation between the degree of anemia and the pulse rate. If it were already normal, tachycardia did not occur under treatment.

Cardiac pain may be complained of in all degrees of myxedema and has been described by Sturgis.[12] Such anginal pain may be due to arteriosclerotic coronary vessels, or to the profound anemia which occasionally is prominent in the disease picture. In this series five patients had this syndrome and three were found to have a severe anemia. The vital capacity in myxedema generally is decreased and can be noted to approach normal as the patient responds to treatment.

There is no special tendency toward hypertension or nephritis in myxedema. Although functional tests of kidney efficiency are depressed, or more properly prolonged, we could find no predilection to nephritis. In one elderly woman, a post-operative myxedema, hypertension was present and the basal metabolic rate was +4 per cent. The clinical evidence for myxedema was outspoken and treatment caused improvement. It is not unlikely that occasional cases of this type appear, since it is recognized that hypertensive subjects sometimes have elevated metabolisms and in this case a true basal reading probably was not obtained. In only 2 per cent of our patients was there a trace of albumin in the urine, and the figure of 20 per cent given by Dock seems too high a general incidence for this complication. In our hands the standard concentration test yielded normal results if the tests were extended to 24 hours instead of the usual 18 hours, and it has been interesting to show that if water restriction is carried out as long in proportion to the basal metabolic rate, as in non-myxedematous patients the specific gravity of the urine will reach its expected height.

Almost all patients with myxedema have gastrointestinal complaints and constipation is unusually prominent among them as noted by T. R. Brown.[13] In 18 cases of this series which had routine gastric analyses only three showed the presence of free hydrochloric acid in the gastric contents, the remainder being achlorhydric. Since achlorhydria is almost equally prevalent among elderly patients with thyrotoxicosis, as well as a common finding in the aged, a specific statement about the relation of the thyroid gland to gastric secretion is not possible.

The skin lesions in myxedema are interesting and varied and they are a rather common finding in the disease. It was noted particularly that the "edema" was by no means "solid" in most cases, being more often extremely soft but non-pitting, and it might be said that the "solid" edema was seen in hardly half the cases. Myxedema, as such, must be considered as a fairly late sign in the disease, and then only in overweight patients. In this series diagnoses such as psoriasis, verruca vulgaris, dermatitis, ichthyosis, atrophy, and scleroderma were made.

A mild anemia occurs quite constantly in most cases, while occasionally it is severe, and this illustrates the predilection of the disease for one system in the body. Its type suggests a depression of bone marrow activity which might be due either to the absence of the stimulus of oxygen want, or to the generally lowered cellular metabolism. Since the white cells are depressed in number, the latter mechanism is more likely. In two cases of cretinism described by Osler, one gave a normal blood picture while the other showed a depression of bone marrow function. Two of our cases had pernicious anemia, and the detailed study of one of

them has been reported by Sturgis and Isaacs.[14]

All observers, including Ord, have noted a depression of the skin temperature in myxedema, and the complaint of increased sensitivity to cold is constant. On the other hand, Newburgh[15] has found that in an environmental temperature between 32° and 37° C. the myxedematous skin is warmer than that of normal subjects and from this we should surmise that these patients are almost equally sensitive to heat. The skin is unable to vaporize water in the normal range of temperature owing to atrophy of the sweat glands.

TABLE III

Basal Metabolic Rates on Admission

B.M.R.	No. of Cases
—15 to —20	13
—21 to —25	13
—26 to —30	24
—31 to —35	7
—36 to —40	7
	64

It will be seen from Table III that in 40 per cent of our cases the basal metabolic rate was between 15 per cent and 25 per cent below normal. In analyzing the data further it is found that in the whole group most of the younger individuals had only a moderate depression of the basal metabolic rate, while the lower rates were among the older patients. Thus fourteen patients below the age of 25 had basal metabolic rates higher than —25 and there was only one patient in this age group whose initial basal metabolic rate was lower than —25.

The diagnosis of early myxedema often presents a difficult problem but the following clinical points are of value in confirming the finding of a lowered basal metabolism. First, the mental complaints of lack of interest in school work, inability of attention and sleepiness. Secondly, the feeling of easy fatigue and breathlessness without obvious cause. Thirdly a slight anemia, associated in young women with amenorrhea or menorrhagia together with pallor of the skin and poor appetite, similar to the early symptoms attributed to chlorosis. Retarded growth of hair and diminished sweating complete the diagnostic picture.

The early diagnosis is relatively more difficult to make in elderly people where overweight, constipation and psychoneurosis confuse the picture. Here the skin manifestations such as diminution of sweating, and dry, falling hair, together with slow speech and failing memory, should excite suspicion that the disease is present.

In all cases, and regardless of the basal metabolism, there should be an unequivocal improvement in the symptoms following exhibition of specific medication in relatively small quantities and without the patient's knowledge that he is taking a thyroid preparation. It should be emphasized that in the elderly patient treatment does not always have a miraculous effect and even when the basal metabolism is brought to normal the chronicity of the disease may have left its mark.

DIFFERENTIAL DIAGNOSIS

The diagnosis of myxedema comes as a surprise in a large number of cases. It has been our experience that it is rarely made by the inexperienced clinician, unless the disease is outspoken, and that cases often are referred to special departments by the younger men who are impressed by the fact that the patient's complaints are referred to some particular region in the body. Many of our cases were first seen as consultations for other departments.

The disease should not be considered one in which complications frequently arise, because these are instances in which one system of the body presents outstanding findings. Anemia, skin lesions, mental and cardiac complaints, and digestive disturbances illustrate this point, and, when considered in this light, complications as such are rare, and under specific treatment they usually improve.

TREATMENT

A study of the therapy of myxedema in this series has impressed us with the value of using relatively small doses of thyroxin or desiccated thyroid gland at the beginning of treatment, in contrast to the practice in some institutions of using larger doses at this stage.

It has been found practical and safe to use one to two grains of desiccated thyroid daily and reduce or increase the dose after one month as indicated by the basal metabolic rate. Especially in elderly individuals small doses seem to prevent the appearance of complaints such as headache, nausea and anginal pain which sometimes are seen un-

der heavy initial treatment. A slow but steady improvement in symptoms not only is less hazardous to the patient but it fosters encouragement to continue treatment when annoying signs of overdosage do not appear.

SUMMARY AND CONCLUSIONS

A series of sixty-four cases of myxedema have been studied with reference to geographic distribution, age and sex incidence, predominant symptoms and diagnosis.

It is concluded that myxedema is more common in the Great Lakes goiter district than in non-goitrous regions. With this increased incidence there is a wider diversity among the age groups affected by the disease, and a more equal sex incidence than that generally given.

The most common presenting symptom of the patients in this group was weakness, and a tendency of the disease to manifest itself more severely in one organ or system was noted. There was no special tendency of myxedema to accompany obesity, and many patients lose weight during the course of the disease.

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INTESTINAL DISORDERS—NECESSITY FOR SPECIFIC DIAGNOSIS AND RATIONAL THERAPY

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Disorders of the intestinal tract have in the past few years assumed greater importance, and justly so, since our improved methods of examination have allowed a more definite diagnosis. The clinical picture supplemented by X-ray observations and careful laboratory studies now makes possible a reasonably high percentage of accurate diagnoses. With such aids within the reach of practically all physicians, it is somewhat of a reflection on the profession when we realize the great number of intestinal cases that are never properly diagnosed, or at least not until late in the course of their illness. Empiricism both in diagnosis and treatment was formerly the vogue and unfortunately that day has not entirely passed. Our patients have just reason to believe that an intestinal disorder will be as carefully studied as disorders located in any other part of the body but this is not yet entirely true. There was a time when such diagnoses as autointoxication, intestinal toxemia, et cetera, might have been accepted as accurate, but fortunately that time has passed. While we are still compelled to diagnose certain cases as functional, we do so only after very careful and painstaking study.

One of the first problems which we wish to discuss has been brought to your attention a great many times but our observations would lead to the belief that we are not sufficiently awake to the necessity of an early diagnosis of malignancy in the intestinal tract. I think experience would prove that early surgery on these lesions promises a probable cure in the majority of cases, but if the case is allowed to drag on for several months the possibility of complete surgical relief is greatly lessened. We are too prone to treat the patient that comes to us complaining of abdominal discomfort as a possible functional case. We conclude that he is a psychoneurotic and allow him to drag along until he develops a tumor mass which cannot be overlooked or until the loss of weight and secondary anemia stamps the case as a far advanced malig-

nancy. We are constantly encountering cases that should have been diagnosed much earlier and where their chances of recovery have been greatly reduced. I will admit that the "cancer phobia" has affected many of our patients but this should not prevent our using every means at hand to prove that their cases may not be one of malignancy. The laity have been educated by the profession to be on the lookout for possible early malignancy and we must not allow them to feel that we are unsympathetic and unwilling to give them as definite information as is possible to obtain.

In the past few years we have been impressed with the distribution of cases where the colon dysfunction has been due to parasites. Formerly we expected to find the endameba histolytica only in patients from the tropics or at least the semi-tropical regions. We now recognize that the distribution of the endameba histolytica is general and when a case comes complaining of diarrhea, no matter what his geographical location may have been, a very careful study of the stools should be made for parasites. In possibly fifteen to eighteen per cent of diarrheal cases the endameba histolytica is found to be the causative factor although a very careful differentiation has to be made in cases where blood is present, to exclude tuberculosis, chronic ulcerative colitis and malignancy. In chronic cases where the endameba has buried itself, it is very difficult to detect the parasite in the stools and where ulceration is present in the lower bowel the curettings of the ulcer are more apt to reveal the presence of this parasite. Other parasites frequently found are the Giardia intestinalis, the endameba coli, endolimax nana, trichomonis hominus, chilomastic mesnili, but their pathogenesis has not been so definitely proven in cases of diarrhea.

It is often difficult to differentiate between amebic dysentery and chronic ulcerative colitis, previously diagnosed as nonspecific ulcerative colitis. The typical chronic ulcerative colitis is a very serious organic disturbance; if not recognized early and promptly checked great damage is apt to result and surgery may be necessary. It is recognized usually by the proctologist. His findings are minute pinpoint ulcers in the lower sigmoid or upper rectum which bleed after the lightest stimulation. The diarrhea and tenesmus in these cases are very severe; the stools are bloody and a secondary anemia develops very quickly. There are remissions and exacerbations which cannot be accounted for by the method of life. No known specific has been found for this troublesome disease. Vaccines have been used with some degree of success but only in certain cases. Some respond very satisfactorily to rest, bland high vitamin diet and topical applications, while in the more severe cases nothing which we can do seems to alter the course of the disease. Glucose intravenously or transfusions may be necessary and opium is frequently demanded. We have observed some cases of chronic amebic dysentery which later on exhibited definite symptoms of chronic ulcerative colitis with absence of the endameba histolytica.

Another condition which has come to light since the X-ray has been used in the diagnosis of gastro-intestinal conditions is diverticulosis. We find that no part of the digestive tract is immune but the portions particularly susceptible are the duodenum and the distal portion of the colon. Inflammation in a diverticulum may be very serious. To be able to recognize this is very essential both from a diagnostic and therapeutic standpoint. We have found several cases of diverticulitis of the colon secondary to an acute diarrhea. The symptoms frequently resemble an attack of acute appendicitis except that the localization of the tenderness may be on the opposite side from the appendix. Whether these diverticula are congenital or whether they are the result of bad colon hygiene we do not know, but in consideration of the possible seriousness of an attack it is essential to be on the lookout for them and their possible complications. The complication most likely to result is temporary obstruction which may require operation, or pus formation and localized peritonitis.

The proctologists also quite frequently report papillomatous growths in the rectum and lower sigmoid which they advise should be removed either surgically or by means of the electric current. And here permit me to pay a tribute to the proctologist. He frequently discovers malignancy in the sigmoid and rectum before it could be discovered by X-ray examination. His help in diagnosing and treating ulcerative colitis is invaluable

and in cases of hemorrhoids and rectal ulcers his work is of the greatest importance. So if we do not have a trained proctologist to whom we may refer our patients, we must do the work ourselves, as no examination of the gastro-intestinal tract is complete without a careful proctological examination.

Catarrhal colitis, acute and chronic, which at one time embraced in our textbooks almost the whole field of intestinal disorders now occupies but little space. While we recognize such a condition particularly in the acute stages, it may also become chronic. It is sometimes difficult to differentiate it from the more specific types, such as the tubercular or amebic. We do recognize acute types where the infection may be food-borne, but the chronic types are probably a continuation of the acute, due to a focus in some other part of the body. Intestinal stasis is supposedly a factor in its development and it frequently may be a complication of an intestinal disturbance that was originally a functional affair. Because of the spasticity in the distal colon a stasis develops in the cecum that may finally exhibit the characteristics of a chronic colitis. In the acute stages the outstanding symptoms are diarrhea, slight rise of temperature, cramping pains and an excess of gas. The stools always show an excess of mucus which is mixed with the feces. If it is not of the tubercular, malignant or parasitic type, relief should be obtained by regulation of diet, keeping the colon free from retained feces by enemata, and by the use temporarily of antispasmodics and soothing preparations such as bismuth, kaolin, etc. We observe it in cases of simple achlorhydria where it promptly clears up after the administration of hydrochloric acid. It is a very distressing symptom or complication in some cases of pernicious anemia. In cases of pellagra and sprue it is a most distressing symptom. In practically all of these conditions there is an absence of free hydrochloric acid and a very pronounced bacterial activity in the entire intestinal tract.

In consideration of intestinal disorders, we are compelled to admit that a considerable number are functional and that no organic basis at present can be discovered to account for the patient's symptoms. Yet it is in this group that we may make our greatest errors of diagnosis. I have observed, as have you all, hundreds of patients exhibiting right lower quadrant scars where the diagnosis had been "chronic appendicitis." The removal of the appendix had not relieved the symptoms but in many cases had aggravated them. I do not wish to be considered as denying the possibility of a chronically infected appendix but I do decry the effects of the operation on a neurotic individual suffering from an irritable or spastic colon.

The great majority of our functional cases might possibly be considered to be suffering from a spastic colon secondary to a neurosis or psychoneurosis. We may be making the mistake of overlooking a possible organic factor and at times we observe a catarrhal colitis affecting the proximal colon rather late in the case, probably due to prolonged stasis secondary to the spastic condition of the distal colon. This type of colon trouble is the one where obstinate constipation is so difficult to relieve, where the patient complains of lead pencil stools, where a purge is followed by an aggravation of the symptoms, especially by a marked tenderness over the pelvic colon. These are the cases where, on account of tenderness in the right lower quadrant, a diagnosis of chronic appendicitis is made and where operation does not relieve the symptoms; or where, because of right upper quadrant pain and tenderness, a cholecystectomy may not only fail to provide relief but may be risking the patient's life unnecessarily. The patient is fearful, does not sleep, constantly wishes to converse about his intestinal functions and may later become a profound psychoneurotic.

These cases formerly were diagnosed "autointoxication," "intestinal toxemia," etc. Their nervous symptoms were supposedly the result of the toxemia. We will have to admit that the intoxication theory sounds plausible to the patient and has been and still continues to be held by some of the profession. Quoting from a recent article in the *Medical Journal and Record,* August 20, 1930, Page 184 (Column 2, paragraph 2):

"Persons suffering from the indolic type of intestinal toxemia show clinical evidence of intestinal disorder and frequently symptoms of intoxication affecting the nervous system. Neurasthenic and even melancholic manifestations may be observed. Headache, migraine, myasthenia, fatigue, cyclic vomiting, and even epileptic seizures may supervene. This type of toxemia may directly affect the liver and kidneys and be a provocative factor in the development of arteriosclerosis, arterial hypertension and cardiovascular disorders."

This expresses the view held some fifteen or twenty years ago relative to the cause of neurasthenia which is an accompaniment of these cases. But more careful observation would warrant the belief that the intestinal stasis was a result and not the cause of the neurosis. Because of the unstable nervous state we have an undue vagus effect on the colon producing the spastic distal colon. This same author also apparently expresses the belief of a great number of the profession relative to the beneficial effects of colon flushing or irrigation (page 186, last paragraph, column 2):

"The author has had very satisfactory results in unloading the colon with a two quart irrigation, alkalinized, with the bag hanging about twenty inches higher than body of patient, and directs its use every second day for two weeks. Reclining on the left side, the patient's hips are elevated about four inches higher than the bed or table, and about one half the water allowed to flow in by gravity; massage the left side of the abdomen with a deep but gentle rotary motion upward as far as the ribs, while still lying on the left side; then place patient on back; allow balance of water to flow in, keeping up a gentle massage from left to right, then turn patient on right side for a few moments, and gently massage from above downwards. Then reverse the positions and massage until patient is in position as at the beginning. Now patient is ready to go to stool and should have a very copious unloading."

We do not wish to ignore the desirability of relieving intestinal stasis, nor the beneficial effects of changing the intestinal flora, or of providing a diet unfavorable to the action of putrefactive bacteria, but we do object to the conclusion that the greatest danger to our health is the products of intestinal activity elaborated in the colon. We will have to admit that much can be adduced relative to the toxins formed which, if absorbed, might possibly be of distinct harm to the organism, but nature has provided a triple line of defense against the products of intesinal toxema. Quoting from my article in the Medical Record, March 4, 1916:

"The first line of defense is the intestinal mucosa. Its secretions have a restraining effect on the intestinal bacteria and the bacterial toxins are in some way rendered harmless by them for an equal amount of toxin administered by mouth and by way of the portal vein. In the first instance the toxic symptoms were much less than when injected into the portal vein. It is quite well demonstrated clinically, as in obstruction of the intestinal tract, that when the intestinal wall is in part denuded of its mucosa, the toxemia is much more apparent.

"The second line of defense is the liver. Here it is that the indol, skatol and phenols are conjugated with the sulphuric and glycuronic acids to form products that are very slightly toxic compared with their antecedents. No doubt the liver has to bear the brunt of the attack and it is only because of its ability to form less harmful products of those intestinal toxins that the body is so immune from harm. It has been demonstrated that it retains a part of the phenol and indol which is not conjugated. Schupper is authority for the statement that the liver exerts, owing to the biochemic activity of its cells, a marked toxicolytic action on toxins and alkaloids. He demonstrated that the toxicity of the alkaloids—atropine, pilocarpine, cocaine and apomorphine—was reduced 50 to 75 per cent. Combe has worked out a urotoxic coefficient which was demonstrated by experiment on animals, both before and after ligation of the portal vein, and the conclusion is that the toxicity of the urine is proportional to the degree of hepatic insufficiency.

"The third line of defense he considers to be the glands of internal secretion, the thyroid, the suprarenal and the pituitary body. From our more recent knowledge, we are certain that they do exert some antitoxic action, as evidenced in the absence of their function in diseased conditions.

"It seems, then, that the body is well fortified against harm from the action of toxins of intestinal origin; and probably symptoms of intestinal intoxication result as frequently from the body losing its power to cope with what might be considered a normal amount of these materials as from an excessive formation of them."

We do not believe that these patients can be cured by attention directed to the intestinal tract alone. In addition to diet, physiotherapy and rational drug therapy, they also need psychotherapy. They are the cases that are so "miraculously" cured by the cultist and irregular practitioners, and not because of any special diet or any special treatment to relieve the intestinal stasis but because they establish faith in the minds of these poor invalids and after this is done the relief of abdominal pain and stasis is comparatively a simple matter. The profession need not be proud over its success in the treatment of the functional colon invalid and their lack of success has been largely because they were not willing to consider the value of suggestion in cases of functional nervous disorders. If they had done so and had used the most simple of measures such as a rational, well balanced diet, supplemented by lubrication as provided by mineral oil, these patients might have recovered. An antispasmodic may be required and I regard novatropine as of real value. Atropine may be used but it is more toxic than novatropine. Cases exhibiting undue restlessness and insomnia may temporarily require a mild sedative. Cathartics should be avoided. Where the constipation is severe we obtain excellent results by resorting to oil enemas. Sometimes the services of the proctologist are desirable, as hemorrhoids and rectal ulcers aggravate the stasis and intestinal spasm.

In the diagnosis of these cases I wish to

call your attention to the necessity of the barium meal rather than the barium enema. With the enema you may obtain a reasonably satisfactory appearance of the distal colon, while with the barium meal you will practically always obtain the typical findings of a spastic distal colon with lack of haustral markings and a dilated cecum, which on palpation is practically always sensitive, due to the dilation and chronic stasis in the past. Permit me to state that findings suggesting a catarrhal colitis may obtain in this particular portion of the gut.

In conclusion may I suggest that in my opinion we are making progress in our appreciation of the problems encountered in intestinal pathology, both the organic and functional disturbances. The latter in our experience far outnumbers the former. More than fifty per cent of our cases exhibit some form of functional disorder, at least in this number we are unable to diagnose an organic trouble of the intestine. An undue stimulation of the vagus is apparently the outstanding cause of functional disorders producing the spastic or irritable colon. This condition may persist for years, later developing into a mucous colitis so disturbing to the individual that life is a burden both to him and his friends.

THERAPEUTIC APPLICATION OF ULTRAVIOLET RADIATION*

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The employment of ultraviolet radiation as a therapeutic measure has increased rapidly within the last few years. The investigation of the physical properties of radiation and its clinical effects has given us new methods of attacking various diseased conditions. At the present time there are a number of different methods of employing ultraviolet radiation, and, as the study of the subject progresses, more will probably be brought to light.

It is the purpose of this paper to present some of the factors governing the therapeutic application of ultraviolet radiation and its use in the treatment of some diseased conditions. Consideration is first given to the principle sources of ultraviolet radiation. They are sunlight, the mercury arc and the carbon arc.

In many cases the employment of sunlight as a therapeutic measure is not satisfactory, since in this climate the period when this source may be used is limited to about four months of the year, and during this time to about four hours on clear days. It has been found from clinical experience that cloudy weather, wind and cold do not permit successful systematic exposure out of doors at a date earlier than the middle of May or after late September. Even if the weather is then suitable, the small amount of ultraviolet radiation in sunlight makes the exposure less effective. During the greater part of the four months when exposure can be carried out, the heat of mid-day is usually so intense that the debilitating effects may counterbalance the therapeutic advantages of outside exposure. It has been found practical, therefore, to expose patients only from eight until ten o'clock in the morning and from two-thirty until four-thirty o'clock in the afternoon. In addition to these limitations, the amount of ultraviolet rays received from sunshine changes from hour to hour because the quantity of dust and vapor varies in the atmosphere. However, the exposure of patients out of doors does have some advantages not found in treatment with artificial sources. The tonic effects of air currents striking the body surface and the effect of changed environment may have a marked action.

The mercury arc and the carbon arc are used to meet the demands for artificial sources, because they are readily available and provide a fairly constant and adequate supply of ultraviolet radiation. The mercury arc burner is a sealed tube of quartz, partly filled with mercury, from which the air has been exhausted. The quantity of ultraviolet energy produced by these burners depends upon the force with which the

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electrons of the electric current strike the atoms of mercury vapor in the tube, or, in other words, the voltage of the current passing through the tube. Most of these arcs are cooled by the surrounding air, but they may be slightly modified and placed in a housing cooled by a water-jacket. This arrangement allows the operator to bring the lamp close to the patient and is, therefore, suitable for the treatment of small lesions, exposure in cavities and the delivery of heavy dosage to a localized area in a short period of time.

In the operation of the second artificial source, the carbon arc, ultraviolet radiation is emitted from the carbon atoms and atoms of other elements, such as iron, tungsten or potassium, incorporated in the carbons. The spectrum of a carbon arc depends, therefore, upon the composition of the carbons as well as upon the electrical current.

Inquiry concerning the therapeutic value of various wave lengths in the ultra-violet region of the spectrum indicates that only those between 3,130 Angstrom Units (one Angstrom Unit equals one ten-millionth of a millimeter) and about 2,400 Angstrom Units are of major importance. In examining the spectrum of any source emitting ultra-violet energy we shall, therefore, be particularly interested in just this region.

The spectrum of the mercury arc shows ten principal wave lengths which have a physiological effect and which vary in their intensity. The spectrum of carbon is more uniform and, with the metals usually incorporated in it, supplies a great variety of wave lengths, while that of the sun, although somewhat similar as regards wave lengths, does not contain those shorter than 2,900 Angstrom Units.

These differences in output from the three sources show that their effects cannot be exactly the same. Unfortunately, at present we do not know how to make an accurate differentiation in therapy.

Since different wave lengths vary in their ability to penetrate the skin, it must be expected that there effects will be dissimilar, but dependent upon the skin layers which absorb them. This question of penetration has recently been investigated by Bachem of the University of Illinois[1] and by others who quite clearly indicated the slight depth of transmission. It was observed that at least 80 per cent of the longer therapeutic ultraviolet waves (3,000 Angstrom Units) were absorbed in the first 0.1 mm. of human skin. Shorter wave lengths were even more readily absorbed, because with radiation of 2,750 Angstrom Units wave length, all except 2 per cent failed to penetrate a greater depth. These findings will not apply, of course, to all human skin, since there is a variation in thickness of the different skin layers in individuals. The strata corneum, mucosum, and other layers of the skin have different absorption values for different wave lengths.

Another factor that must be considered is the specific effects of various wave lengths which have been studied by Sonne[2] at the Finsen Institute. His findings indicate that radiation having a wave length of 2,650 Angstrom Units most quickly coagulates protein; wave length of 2,400 Angstrom Units, or shorter, most rapidly causes hemolysis, while the maximum antirachitic effect is in the region of 2,804 Angstrom Units. These observations, with those of the German workers Hausser and Vahle,[3] who noted maximum erythema production with radiant energy of 2,985 Angstrom Units wave length, point toward the specific effects of different waves. At the present time we are not equipped to separate these wave lengths and apply them individually, but it should be remembered that the rays with maximum effect in the production of erythema are not the ones that produce the greatest effect as a prophylactic measure in rickets.

Opposed to this evidence of specificity there are the observations of Thomas Lewis,[4] a member of the British Medical Reserve Council, that all irritation produced much the same type of response in the skin and superficial blood-vessels. He felt that trauma, heat, cold, ultraviolet radiation and mustard plasters, if used to a sufficient extent, produced a somewhat similar response in the living epithelial cells. In the adoption of this theory he explained that the effect of irritation caused by any of these measures acts on the living epithelial cells, and results in the formation of a vasodilator substance much like histamin. He called this material "H-substance." Upon absorption of this substance certain characteristic reactions of the superficial blood-vessels were noted: first, a primary and local dilatation of the minute

blood-vessels of the skin; second, with diffusion of the "H-substance," a dilatation of the neighboring arterioles; and, third, with greater production, a local increased permeability of the vessel walls causing local edema and blister formation. If an area of skin is exposed so that a definite line of demarcation develops between the erythematous area and the normal skin, a blurring of the margins will be noticed in about twenty-four hours. He believes that this irregularity is due to the passage of a vasodilator substance from the irritated area into the neighboring blood vessels.

From the clinical standpoint general treatment may follow two lines. The first depends upon the well-known fact that proper irradiation of the skin causes a prophylaxis against the development of rickets. In substantiating this fact, Hess, of New York,[5] Steenboch, of the University of Wisconsin,[6] and many others carried on extensive research which gave us a new concept concerning photochemical activity. In a recent review of this work on ultraviolet radiation Clausen[7] has made the following statement, which well indicates the present status regarding its antirachitic use: "It is believed that the irradiation of ergosterol in the skin produces Vitamin D, and that the provitamin will remain in the skin until activated. Then it will become readily separable and made available for absorption by the blood stream and lymphatics."

The second physiological effect is not so clear, there being two possible explanations advanced. Lewis believed that the irritating effect upon the living epithelial cells caused the formation of a substance like histamin (H-substance) which acted as a vasodilator and upon absorption by the blood stream caused inflammation. Sonne, however, suggested that the effect was due to formation of a foreign protein or protein-like substance and caused a reaction similar to a mild protein shock.

Whether or not these theories give the exact explanation of the mechanism by which ultraviolet radiation produces its effect upon the body, clinical findings indicate that there is a definite stimulation of the resistive forces. This is indicated by the work of Eidinow of London,[8] who found an increase in the bactericidal power of the blood after irradiation. Concerning the effect on production of white blood cells, Edgar Mayer of Saranac Lake,[9] states that the majority of workers feel there is an increased count after proper ultraviolet therapy.

In the discussion of the treatment of specific conditions it must be borne in mind that exposure to ultraviolet radiation is suggested as an adjunct to other forms of treatment, and not advanced as a new method to succeed those of proved value.

The use of ultraviolet radiation in the treatment of extra-pulmonary tuberculosis first attracted the attention of the medical profession. It was applied to patients with skin tuberculosis and, later, to those with bone and joint involvements. Because these first trials met with success, it was natural that its effect should be tried in other diseased conditions. The result of these investigations has given us knowledge of a new agent of considerable therapeutic value.

There are at least five different effects of ultraviolet exposure. These depend upon the amount of radiation employed, the method of application and the diseased condition. General body exposure is used for two reasons: first, for the stimulative or tonic effect, and, second, for the antirachitic action. Local application is used to create a greater inflammatory reaction which will assemble resistive forces by providing a marked erythema, or it may be used simply as a bactericidal and stimulatory measure, or the rays may be applied in sufficient quantity to destroy the superficial tissues.

The practice of most physicians in treating bone and joint tuberculosis is to depend upon the stimulative effect of general body radiation and not upon local application. The body surface is at first exposed for short periods of time, depending upon the strength of the source of radiation. The exposures are gradually increased until the maximum tanning effect has been gained, and then continued with the same dosage, until a rest period is advisable. If unfavorable symptoms arise, the treatment should be decreased or discontinued. The most notable signs of improvement are: better general physical condition, gain in appetite, improvement in the mental outlook, gain in weight and decrease in activity of the lesion.

The local treatment of inflamed glands, sinuses and abscesses of a tuberculous nature has not been very successful, although it may assist in recovery when used with

general body exposure. This is as might be expected when we consider that healing of the local lesion depends to such an extent upon the systemic response.

The results from the treatment of pulmonary tuberculous lesions have not been encouraging, since in many cases the slight stimulatory effect resulting from minimal exposures has appeared to aggravate the disease. This does not mean that extra-pulmonary complications, such as enteritis, may not be treated, provided the amount of exposure is governed by the effect on the pulmonary lesion. The treatment of extra-pulmonary complications necessitates the use of much smaller doses than would ordinarily be given and is accomplished by gradually increasing the exposed area of the body as well as the length of exposure.

If we concede that the effect of general ultraviolet radiation, aside from the antirachitic effect, is due to a stimulation of resistive forces, it appears that such treatment would be of benefit to patients during the convalescence from acute and chronic debilitating diseases. An example of this use of the therapy is its application during convalescence after pneumonia. The administration of gradually increased doses which are not sufficient to cause a marked erythema of the skin may supply a tonic effect of marked value. It may readily be seen from this illustration that there are many other cases arising in a physician's practice in which the use of ultra-violet rays would be of advantage for this tonic effect.

As regards local lesions our attention is now directed to those of an acute nature, such as erysipelas and pyogenic infections of the skin and subcutaneous tissues. In the treatment of such lesions the production of a sharp local erythema seems to increase the local resistive forces by producing an inflammatory reaction outside of the tissues inflamed by the products of the infection. Ude, of Minneapolis,[10] has shown in a recent series of articles that ultraviolet radiation is the most successful agent available at this time for the treatment of erysipelas.

The employment of ultraviolet radiation in the treatment of rickets and as a prophylactic against this disease is well known. The amount of exposure necessary as a prophylactic, however, is not understood. Probably we give the children more than is essential, but it seems wise to err by administering an over-dose rather than an under-dose. When less than marked erythemas are produced, there seems to be no ill effect.

Regarding the treatment of "common colds," much has been written and enthusiastic claims have been made. The difficulty with these reports lies in the fact that the investigations have not been carried out on large groups with sufficient controls. It will probably be found that the general tonic effect of ultraviolet radiation during the winter months is of benefit to certain individuals, but it is not known to which patients, and to what extent such treatment provides a prophylaxis against upper respiratory infections.

In the next group are included such local lesions as ulcers, infected postoperative wounds and burns. In these the skin is broken, the superficial tissues are devitalized, and there is usually a secondary infection keeping up the irritation. The results with radiation have been quite satisfactory, although it is useless if necrotic material is not removed from the wound surface, so that the rays may penetrate the living tissue. Over-dosage will not only result in death of superficial tissue, but will greatly retard recovery of the lesion and valuable time will be lost. The effects of application in such conditions are dependent upon the superficial bactericidal action, the production of slight active dilatation of the blood vessels and possibly a stimulation of cell growth.

The last group of cases to be discussed illustrates the use of ultra-violet radiation as a destructive agent. An example of the powerful but superficial destructive effect of these rays is shown by the results on a patient who had a vascular nevus or "port wine mark" on his face. Destruction of the superficial blood vessels was secured by applying many times an erythema dose and the intensity of the color of the lesion was reduced about 50 per cent. It does not appear that this destructive dose, even if repeated three or four times, will result in any delayed tissue changes other than obliteration, of superficial blood vessels.

In summarizing the effects of ultra-violet radiation it should be remembered that the antirachitic action, the general tonic effect and the local stimulative, irritative, or destructive effects may all be used to advantage by the physician, provided the same attention is given to administration that is

used with other types of therapy. The knowledge of the physiological effects of exposure to ultraviolet radiation is now sufficiently complete to permit prescription on a rational basis.

SUMMARY

This paper contains a short discussion of the principal sources of ultra-violet radiation. Some of the evidence indicating the physiological effect is considered with reference to the practical application. The principal effects of ultraviolet radiation are illustrated by application in diseased conditions.

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PYELOSCOPY*

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Pyeloscopy or fluoroscopic study of the renal pelvis and ureter after the injection of an opaque medium is not a new procedure. Orndoff of Chicago began twenty-five years ago to carry out this procedure whenever making a roentgenological study of the urinary tract, and in a recent conversation with him I was told he still follows this plan along with the taking of films for permanent records and later study.

The literature on this subject is, however, rather meager, as very little has been written, and only recently has there been a great deal of interest shown in this most interesting and valuable observation of the upper urinary tract.

To Manges[1] credit should be given for having coined the term "Pyeloscopy"[2]; he has routinely examined all patients before pyelography, by pyeloscopy, since 1912.

Pyeloscopy as Manges stated is but a preliminary to pyelography. It adds distinctly to the comfort of the patient, as well as to the safety and the accuracy of the entire procedure. Seventeen years later he says the above statement "is just as apt and fair a statement of reason for advocating the method today as it was then. Pyeloscopy, then, is indicated in every, and not in the exceptional or selected, case." This is the opinion of a roentgenologist who has extensively studied and presented this subject before roentgen ray societies. He does not know of any large urologic clinic in this country in which this procedure is carried out routinely except in the clinic of Doctor Loux at the Jefferson Hospital.

Pelouze,[3] in 1916, drew the following conclusions in regard to pyeloscopy: "This method of diagnosis, suggested by W. T. Manges, and used extensively at Jefferson Medical College Hospital, has such a marked advantage over simple pyelography as to make it invaluable. By this method the technic is the same as simple pyelography except that the work is done upon the fluoroscopic table under excellent visual conditions. Among its many advantages over the older method may be mentioned the following:

"1. It can be seen if the solution is entering the kidney pelvis or merely regurgitating along the side of the catheter; saving disappointment, as well as a waste of costly material.

"2. It is not necessary to wait for the appearance of pain as an indicator of pelvic distention, as it can be distinctly seen when it is occurring.

"3. The position and mobility of the kid-

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ney can be accurately determined by deep breathing and manual manipulation.

"4. Shadows extraneous to the urinary structures can be better determined, as they usually do not move with these organs during manipulation.

"5. The catheter can be safely drawn down into the ureter, so as to distend its lumen with solution, without the danger of pulling it entirely into the bladder.

"6. Plates can be made at any moment during the study to bring out those points that appear most important to the operators.

"7. It can be distinctly seen whether or not the kidney pelvis is being drained of solution when the studies are completed; a point of very great importance."

Jona,[4] in 1928, experimenting with pyeloscopy found that pituitary extract intramuscularly caused rhythmic contractions of the renal pelvis in from 10 to 20 seconds. These experiments suggest further study with other drugs which have not been observed, namely, the belladonna and hyoscyamine group, eserine, adrenalin, morphine and others. In a later communication[5] he gives the results of his studies as follows: "As indicated in a previous publication the musculature of the kidney pelvis can be seen to exhibit regular rhythmic contractions. As far as the author has been able to observe, the wave of contraction commences in the upper calyx followed in succession by the middle and lower calices at intervals of from 1 to 3 seconds. During this period the body of the pelvis (for which the name 'ventricle of the pelvis' was suggested) undergoes steady relaxation. When this part of the pelvis has received the contents of the calices the communication channels between the calices and the 'ventricle' become contracted, the 'ventricle' contracts with a snap-like action resembling the action of the cardiac ventricle, a 'globule' appears at the upper end of the ureter and is passed down the ureter by a peristaltic wave, sometimes so fast as to be barely visible and sometimes so slow that an individual globule can be readily followed in its course down the ureter (when the inlying catheter has been previously removed, of course). Various modifications of this normal functioning have been observed—for example, in one case in which the patient complained of vague backache it was seen that when the 'ventricle' contracted some of the fluid was forced back through the communication channel to the upper calyx which became forcibly dilated and this movement synchronized with the 'throbbing' pain which the patient described. In this patient it was observed that an injection of eserine sulphate (1/100 grain) restored the function to normal and at once relieved the pain. In another case anti-peristaltic waves up the ureter carried the iipiodol up the ureter into the kidney pelvis. An injection of morphine sulphate 'cured' this condition."

Braasch and Carman[6] in 1919 discuss the fluoroscopic examination of the delivered kidney at the time of operation, a search being made for calculi which the surgeon had missed or could not feel, and recommend that this procedure be carried out as routine.

Hager,[7] in 1925, described a head fluoroscope to be worn by the surgeon when operating upon a kidney with calculi, thereby depending on his own vision rather than that of a roentgenologist for the detection of small calculi within the kidney.

Legueu[8] has written a rather lengthy and well illustrated treatise on pyeloscopy which gives us a foundation upon which to make observations and draw conclusions in the future.

To quote from Bailey[9]: "The kidney pelvis, with its subdivisions, the calyces and the ureter constitute the main excretory duct of the kidney. Their walls consist of three coats: an inner mucous, a middle muscular, and an outer fibrous.

The mucosa is lined by epithelium of the transitional type. There are from four to eight layers of cells; the cell outlines are usually well defined, and the surface cells instead of being distinctly squamous are only slightly flattened. Less commonly, large flat plate-like cells, each containing several nuclei, are present. The cells rest upon a basement membrane beneath which is a stroma of delicate fibrous tissue containing fine elastic fibrils and rich in cells. Diffuse lymphatic tissue frequently occurs in the stroma, especially of the pelvis. Occasionally the lymphatic tissue takes the form of small nodules. Mucous glands in small numbers are found in the stroma of the pelvis and upper part of the ureter. There is no distinct submucosa, although the outer part of the stroma is sometimes referred to as such.

The muscularis consists of an inner longitudinal and an outer circular layer. In the lower part of the ureter a discontinuous

outer longitudinal layer is added. The fibrosa consists of loosely arranged connective tissue and contains many large blood vessels. It is not sharply limited externally, but blends with the connective tissue of surrounding structures, and serves to attach the ureter to the latter.

The larger blood vessels run in the fibrous coat. From these, branches pierce the muscular layer, give rise to a capillary network among the muscle cells, and then pass to the mucosa, in the stroma of which they break up into a rich network of capillaries. The veins follow the arteries.

The lymphatics follow the blood vessels, being especially numerous in the stroma of the mucosa.

Nerves: Plexuses of both medullated and non-medullated fibres occur in the walls of the ureter and pelvis. The non-medullated fibres pass mainly to the cells of the muscularis. Medullated fibres enter the mucosa, when they lose their medullary sheaths. Terminals of these fibres have been traced to the lining epithelium."

Bearing in mind these histological and anatomical data, it is much easier to consider the subject of pyeloscopy because by this procedure we actually see the motion and physiological phenomenon of the emptying of the renal pelvis and are brought to realize that the normal renal pelvis and ureter undergo very definite rhythmic contractions and dilatations, whereas many variations are encountered and observed in the abnormal.

The very recent original and valuable contribution of Jarre and Cumming[10] should not be overlooked. Their appreciation of motor function and physiologic action of the renal pelvis and ureter was recorded by a Cinex-Camera using a 5 inch film band for a unilateral study and a 10 to 12 inch film band for a bilateral study.

As stated by Jarre[11]: "The purpose of this presentation is to stimulate interest in those physiologic problems which concern medical roentgenology, with the expectation that we may derive therefrom a better conception of organic and functional normalcy and disease, and thus may improve roentgenologic diagnosis.

"Two groups of phenomena lend themselves to physiologic roentgenologic investigation: (1) those of motion which can be rendered radio-visible, and (2) phenomena of concentration and secretion of opaque substances as they are classically demonstrated by cholecystography.

"Whenever a tubular viscus is rendered radiovisible one should study its function as well as its anatomic structure, since the evaluation of its physiologic behavior must be considered as equally important as—possibly even superior to—anatomic information. The omission of such observation will be regarded as neglect in medical practice of the future." After the patient is placed on the Cinex-Camera table, the technic is as follows: One exposure is made before the injection. Now pyelographic fluid is introduced to a point where a satisfactory filling of the pelvis may be seen in the fluoroscopic mirror; the catheter is withdrawn immediately, and without delay ten or twelve exposures are made, requiring a total of twelve to fifteen seconds. These exposures in their succession record function of the kidney pelvis and ureter and show at least one peristaltic wave passing along the entire ureter. From this point further exposures are made thirty to sixty seconds apart, until the 20 feet of film have been exposed. Thus are secured permanent records of the pyeloureteral motor-phenomena, showing the cyclic-peristalsis in every part, possibly with some interference, and, of course, anatomic structure.

Pyeloscopy is derived from pyelography and it has a similar purpose in the study of the excretory function of the upper urinary tract, namely the morphological and pathological variations. With the addition of pyeloscopy to pyelography we merely apply to the exploration of the urinary tract the procedures actually in use in radiologic diagnosis. Take for example the stomach. No one would really consider simple radiography a sufficient and complete examination. Even a series of pictures is not instructive unless accompanied by the protocol of fluoroscopy which has preceded and followed the taking of films, which establishes their connection, showing the mobility of the organ, the location of tender areas, the rhythm of contractions and the manner of emptying of the gastric contents.

It is absolutely the same in the exploration of the kidney pelvis, because, like the stomach, the renal pelvis is a contractile organ endowed with a similar mobility and sphincteric action.

The urine secreted by the renal parenchyma runs through the excretory organs

under the action of a motive function, assured by a neuro-muscular system. This movement is not due to the action of gravity; that has nothing to do with it; the excretion of urine is not a hydraulic phenomenon, it is a peristaltic phenomenon.

If the pelvis and ureter possess a physiological function of motility, however, pyelography from an instantaneous picture can provide us with no information upon it; pyeloscopy on the contrary shows us these organs living, contracting and emptying before our eyes. To the anatomical basis of morphology that pyelography furnishes, pyeloscopy adds the physiological facts of motility, and thus permits further advances in the study of the normal or pathological activities of the kidney pelvis.

One year ago after a suitable X-ray table had been built, pyeloscopy was instituted as a routine in all studies of the higher urinary tract at the Woman's Hospital. The X-ray table is one with a movable Bucky the entire length of the table and with a fluoroscopic screen above the table. The table top is especially constructed so that cystoscopy and ureteral catheterization may be carried out either with or without the use of stirrups.

After the renal pelvis is outlined on the fluoroscopic screen, as many small films as desired may be taken, using the fluoroscopic X-ray tube and placing the films under the fluoroscopic screen in a special holder for this purpose; when this part of the examination is completed the ureteral catheter is removed, the patient placed in the standing position and another film made; after this one may spend as much time as desired in the further study of the renal pelvis and ureter in various positions.

Sodium iodide 12, 20 and 30 per cent are the solutions used for injecting the renal pelvis, the various concentrations being used in individuals varying in thickness and weight.

The tip of the ureteral catheter should be just within the renal pelvis; this, however, is sometimes rather difficult to determine and if the tip of the catheter should be in one of the major calices, this is readily seen upon the injection of a few drops of the iodide and the catheter immediately withdrawn into the pelvis, otherwise the patient will have rather severe pain from the over-distention of this particular calyx.

Renal colic is due to spasm, this observation having been made by Legueu, because of faulty technic in injecting the renal pelvis and causing over-distention; by pyeloscopy he was able to note that renal colic was characterized by a spasm of the uretero-pelvic sphincter, which resulted in retention and over-activity of the pelvic musculature.

Also should the tip of the catheter be below the uretero-pelvic sphincter, the injection of fluid will cause severe pain and spasm of the ureter and pelvis, and many times it will be impossible to get an image of the renal pelvis.

Some time is required for the eyes to become accommodated, thereby providing ample opportunity for the collection of urine from each kidney for cell count, culture, et cetera, also the dye tests, these procedures to be carried out by an assistant. It is only when the intervertebral disks can be distinguished and the catheter seen distinctly that one can consider eye accommodations complete.

The diaphragm is now centered over the tip of the catheter and a half of 1 c.c. of the iodide injected; this amount is usually sufficient to partially or entirely outline the renal pelvis, and the patient has not had discomfort from distention of the renal pelvis; rarely are more than three c.c. of the iodide solution necessary to give one a very good visualization of the pelvis except in those cases of very large renal pelves, and megaloureters.

After the ureteral catheter is removed there takes place in the renal pelvis more or less rhythmic contractions which may begin in any one of the major calices, which is followed by an injection of fluid into the pelvis; this in turn may appear to enlarge somewhat and then, as the pelvis contracts, the uretero-pelvic sphincter relaxes and a portion is seen to enter the ureter and begin its descent to the bladder by rhythmic waves.

This process continues until the pelvis is empty of the iodide, and, by seeing this phenomenon, one can readily understand then the variations in pyelographic films made on the same patient.

The emptying time of the renal pelvis has been estimated by various urologists as taking from three to seventeen minutes; however, these conclusions were not the result of pyeloscopic study. Legueu says the normal pelvis will empty at the rate of one c.c. per minute, this conclusion being drawn after

the observation of several hundred pyeloscopies.

With the foregoing as a groundwork, let us consider what is to be learned by this method of examination as compared to pyelography alone.

The first observation is to note the position of the ureteral catheters, whether they are lying along the vertebral column in the normal position, also any loops or turns which should not normally be present, and, most important, the position of the tip of the catheter in relation to the renal pelvis. As before stated, it is most essential that the tip of the catheter be within the renal pelvis if a minimum amount of discomfort is to be caused the patient.

During this time of localization of the ureteral catheters, a careful search can be made for the evidence of calculi within the ureter or renal pelvis; should such shadows be seen the palpating hand on the abdomen will usually confirm the ureteral shadows if the patient is not too thick.

In case there is a calculus present one can almost certainly see it on the fluoroscopic screen and note the relation between it and the first small quantity of the injected solution. By changing the position of the tube with relation to the patient one can determine whether or not the foreign body and the solution are at different levels. When the shadow and media remain in contact it proves that the calculus is in the urinary tract. Also take note of the kidney during the breathing cycle and see that the shadow and opaque solution move together.

After the relative size, position and motor function of the pelvis have been observed, it is well to check up the renal motility. As every normal kidney moves a certain amount with respiration, and this movement can be easily seen, it is well to have the patient take a deep breath and make note of the respiratory excursion to be compared with the degree of motility in the erect posture.

Manges states that "as a matter of fact, on deep inspiration, with the patient in the recumbent posture, the average movable kidney will descend approximately as far as it will with the patient erect and taking a full inspiration." From my observation, I do not agree with this statement, as repeatedly in the course of examination, the respiratory excursion having been noted, there proves to be in the erect posture a far greater degree of motility, this having been recorded by films with the patient in two postures.

While in the erect posture one can very easily replace the kidney by abdominal pressure, and this is a very significant finding, especially if there is little or no emptying of the pelvis in this posture. Many kidneys that are more motile than normal show no delay in emptying while standing, so that the justification for nephropexy must be more than just a motile kidney that shows some angulation or kinks in the ureter in either the prone or vertical position.

Legueu states that he has yet to demonstrate a ureteral stricture, though many times an obstruction is met in the ureter. Under the fluoroscopic screen the kidney is elevated by the hand on the abdomen, with the result that the ureter is straightened out and the catheter readily passed, the kink or obstruction in the ureter being demonstrated by the injection of a few drops of iodide ahead of the catheter.

The rapid distention of the renal pelvis results in one of two conditions: first, the pain which should be spared the patient and a disturbance of motility resulting in exaggerated movements; or, second, complete inhibitions.

Careful note should be made during the course of either pyeloscopy or pyelography of always ascertaining from the patient if any discomfort he may have is of the same character for which he is being examined, or if the pain is more mild but of the same type, and if the pain is of the same type but more severe, or if the discomfort resulting from the renal distention is of a different character altogether.

Most patients will answer these questions very intelligently, and the benefit to the operator is obvious in drawing his ultimate conclusions from the urinary tract study.

Pyeloscopy can be done on both sides at the same examination; however, judgment and discretion must be used, especially if there are any marked abnormal findings on the side first examined.

Tumor masses in the region of the kidney which may or may not be a part of the kidney, are to be palpated, and one can usually tell very definitely whether the mass is attached to or a part of the kidney, even when there is no deformity of the pelvis and calices due to the involvement of the tumor.

There are also those pelves that empty so rapidly because of hyperactivity that it often

is practically impossible to get a good pyelogram, even though only a few seconds' exposure is required, whereas with the diaphragm of the fluoroscope cut down to just the size of the kidney, and a film made with practically an instantaneous exposure, a good pyelogram is obtained.

By the use of the twenty or thirty per cent iodide solution in a large hydro- or pyeonephrosis under fluoroscopic control one need no longer fear the consequences of injecting large quantities of iodide for diagnostic purposes, as 2 or 3 c.c. of the stronger iodide solution will diffuse in the fluid already present sufficient for all purposes and no over-distention occurs.

Those of you who have experienced the making of pyelograms with the patient anesthetized, either under general anesthesia or spinal anesthesia, can readily appreciate the value of pyeloscopy in these circumstances. No longer need we work in the dark and blindly attempt to make diagnostic X-ray studies of the higher urinary tract.

Of the contra-indications of pyeloscopy there are none, the disadvantages, only one, and that is the time required for one to become accommodated, and, as urology has been termed the most exact of all the specialties, it most certainly behooves us to take advantage of the added information thus obtained, thereby making our specialty more exacting than ever.

CONCLUSIONS

Pyeloscopy is a preliminary study to pyelography.

Pyeloscopy is not diagnostic in itself. Pyelographic films should always be made.

The pain and discomfort of the patient are very materially lessened by the pyeloscopic method of pyelography.

With pyeloscopy added to pyelography, the accidents of the past should never occur.

In the past roentgenologists have not made use of pyeloscopy, but have expressed their opinion regarding the higher urinary tract after seeing one or more pyelograms.

In the future the urologist must be his own roentgenologist, provide himself with proper equipment and study every patient in this manner, thereby increasing his knowledge of the renal pelvis and ureter by the addition of pyeloscopy to pyelography.

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RADICAL FRONTAL SINUS OPERATIONS*

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It is my privilege, as one of the local doctors, to present some cases at this meeting. I trust it will be of interest to you to see a few cases of frontal sinusitis, on each of whom a somewhat different technic was used in performing the radical operation. I will present as briefly as possible four cases; the first operated seven and one-half, and the last one and one-half years ago.

I wish to preface my remarks on these cases that have come to radical operation by saying that like all of you I only resort to the radical after all conservative measures have failed. Shrinkage of the swollen tissues of the middle meatus, probing and irrigation through the frontal duct when possible, suction, and, most important of all the intranasal procedures, resection of the anterior

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end of the middle turbinate to expose the hiatus, together with removal of all polypoid or hyperplastic tissue in this region, will bring about a cure in the majority of cases, because here is where the obstruction to drainage usually is, rather than higher up in the duct.

The few that do not respond to this treatment and go on to periostitis, necrosis with fistula formation, et cetera, require external radical interference.

Case 1.—A young lady of 18, who, when I first saw her, had a left frontal sinusitis with a subcutaneous abscess pointing in the inner angle of the orbit. This is the most common site of rupture, because here the frontal wall is thinnest.

Conservative measures were tried, but it was obvious that the radical operation was necessary, and on March 12, 1923, a radical Killian operation was done on her left frontal. An area of necrotic bone was found posterior to the trochlea. The entire mucosa was wiped out carefully with gauze. The anterior and orbital walls were removed. A large opening was made into the nose by cutting away the frontal process of the superior maxilla and breaking down the adjacent ethmoid cells. The sinus was packed lightly with a strip of gauze and the end tucked into the nose. A light dressing was applied after suturing the entire external wound.

I had hoped to repack the cavity until healed, gradually from the deeper recesses inward, but considerable difficulty was encountered in removing the original pack, and to repack seemed impossible. But by directing our effort towards keeping as large an opening as possible, by cauterizing exuberant granulations when they appeared, healing resulted without external depression and there has been no recurrence in over seven years.

Case 2.—A man, 50 years old, came to me with a fistula discharging pus over his left upper eyelid, near the external angle. This is one of the rarer locations for rupture to occur.

After a submucous resection of a badly deflected septum and removal of the anterior end of the left middle turbinate, the left frontal duct was enlarged, and free nasal drainage was established, and the fistula closed.

On October 20, 1923, I did an osteoplastic flap operation, using the method Dr. Ferris Smith employs, which is as follows:

First, one of the antero-posterior X-ray plates was used to make a guide for determining the exact limits of his frontal sinus during operation, by cutting out the outline of the frontal sinus shadow together with the outline of the upper half of the orbit. The septa in the sinus were indicated by a series of pinpricks in the film. Then the gelatin was soaked off, and the piece of celluloid film sterilized in an antiseptic solution.

The incision was the same as that used in the Kuhnt operation, paralleling the upper border of the eyebrow and extending vertically upward from the inner end to the upper limit of the sinus, as shown by the celluloid guide. This incision was made down to, but not including, the periosteum. The soft parts were elevated over this area and retracted. Then a small opening was chiseled into the lower mesial angle of the sinus. A probe was passed into this opening and the upper and outer limits of the frontal sinus measured and compared with the limits as shown by the guide. A second and third opening was then chiseled into these two extremities of the sinus. A wire Gigli saw was passed into one of these openings and out of another, and the upper border *sawed through from within outward;* and then the mesial border was severed in the same way. The lower border was weakened by the saw until it fractured easily along the supraorbital border, care being taken to avoid traumatizing this periosteal attachment. The flap was then turned down over the eye and protected by moist sterile gauze.

The entire mucosa was wiped out and the orbital floor of the sinus removed piece by piece with a curette and forceps, exposing the orbital tissue to granulate in and obliterate the sinus. The frontal duct was enlarged as much as possible from above, and the ethmoid cells destroyed to make a good sized opening into the nose.

A large rubber tube was left in the cavity, extending into the nasal passage, through which drainage was maintained for some time (five to eight days).

Healing eventually took place without further trouble, except for the usual care to keep granulations from filling in the duct.

This case left town without paying either his doctor or his hospital bill and such other items as the new suit he was wearing in the photograph; this is why I have not been able to get any follow-up on how he is getting along, but we trust that no news is good news, and that he has had no recurrence.

Case 3.—A young lady 20 years of age gave a history of an injury to the right forehead while at work in a paper mill in October, 1926. On Christmas of that year she caught a severe cold at a dance. During the three weeks before I first saw her she had had influenza, double quinsy, profuse night sweats and a discharging right ear.

When I was called by her family doctor there was an extensive edema of the right frontal area completely closing her right eye, and the right nasal passage was partially obstructed.

She complained of dull frontal headache, severe pain over the right frontal sinus and the discharging right ear.

This patient was the most acutely ill of all these cases, having a high fever and leukocytosis of 13,200 on admittance to the hospital, January 15, 1927. And the X-ray showed both frontals cloudy.

The anterior end of the middle turbinate and anterior ethmoidal cells were removed, and external drainage was established by simple trephination into the right frontal through the inner third of her eyebrow, and a rubber tube sutured in place through which pus drained profusely for three weeks. The organism present was found to be the hemolytic streptococcus IIIa.

February 5, 1927, a Killian operation was performed on her right frontal. Multiple perforations were found in an area the size of a dime in the cranial wall, the perforations all being as small as the head of a beaded pin. There was a large perforation in the inter-sinus partition. With Dr. Ferris Smith's help these defects in the cranial plate were explored and the dura found healthy. The incision was extended to the left and that sinus opened. The anterior wall of each frontal was removed, except for the supraorbital ridge and a vertical strip in the midline the width of a finger. The mucosa was wiped out with gauze and the orbital floor of each sinus completely removed. What remained of the intersinus septum was removed, and drainage established by enlarging the frontal duct from above.

The exposed dura was dressed daily through an open wound until healed, and then the wound was closed by a plastic resection of the scar.

In spite of the complications in this case which I have mentioned, and the fact that the right nasal bone was accidentally destroyed in my zeal in widening the right frontal duct, the final result was fair-

ly good cosmetically, and there has been no recurrence in the three and one-half years since her operation.

The first three cases just described all came under my care at a *late* stage after necrosis of a sinus wall had already taken place. But the last case was seen *early* and has an interesting preoperative history.

Case 4.—In September, 1927, this young man developed a severe rhinitis which was treated by his family doctor, and he was permitted to go away to school.

In March, 1928, I first saw him, and he then had a profuse foul bilateral nasal discharge and considerable obstruction to nasal respiration. Large dry crusts were found in the middle meati and pus coming from these clefts. The bulla ethmoidalis was strikingly bulbous.

The anterior ends of both middle turbinates were removed. Some of the anterior ethmoidal cells were removed and the frontal ducts enlarged sufficiently to admit the probe easily.

He went away to school and I did not see him again until January, 1929. He then complained of dull frontal headache and profuse nasal and postnasal discharge. A small polyp was found coming from his right frontal duct, and both frontals were quite prominent, due to thickening of the subcutaneous tissues and periosteum over the sinuses and an apparent bulging of the anterior and orbital walls of both frontal sinuses.

Although I felt that further conservative measures were not indicated, still there was reasonable doubt, and I asked the patient to see Dr. Ferris Smith and get his opinion at this time. Dr. Smith advised "the bilateral osteoplastic frontal operation with complete removal of the entire floor to permit filling of these sinuses with granulation tissue from the orbital soft parts," complete evisceration of both ethmoids and secondary treatment of the antra intranasally later.

February 25, 1929, Dr. Smith and I performed the bilateral osteoplastic radical frontal operation on this patient, using the following technic:

First, a guide was made from his roentgenograph showing the dimensions of both frontal sinuses, as previously described.

Then an incision was made paralleling the upper border of each eyebrow and dipping down to the level of the cribriform plate at the center. A second incision vertical to this was made in the midline up to the upper border of the sinuses as shown by the guide. These incisions went down to, but did not include, the periosteum. And the soft tissues over these areas were elevated and retracted.

A burr was used to enter each sinus at the three limits, as in the second case described, in which the left frontal only was operated. The mesial and upper borders of each sinus were completely sawed through *from within outward* with the wire saw, as before; and the supraorbital border of each weakened by sawing partially until the bone fractured readily along this line; and each bone flap thus made was turned down over the eye and protected with moist gauze.

The mucosa was found edematous and was removed completely, care being taken to see that no remnants were left in any of the little recesses along the borders of the sinuses. Sharp curettement was avoided, especially along the cranial wall, an instrument covered with gauze being used in preference to a sharp curette.

The orbital floor of each sinus was completely removed, and all ridges were cut away, leaving a large, smooth cavity. The nasofrontal ducts were enlarged by curetting the ethmoidal cells and cutting away some of the nasal process of the superior maxilla and mesial wall of the duct, special care being exercised at all times to avoid injury to the cribriform plate. When a large nasofrontal opening had been made, as large a tube as it would accommodate was inserted into the nasal passage, the upper end of the tube extending up into the frontal sinus.

The bone flaps were then replaced and the external wound closed by interrupted sutures of horsehair.

The postoperative care consisted in keeping the tubes patent and keeping the openings from closing by granulation. There has been no recurrence in the one and one-half years since operation.

When one is confronted with a case requiring the radical frontal operation, one has to consider two opposing ideals: that of the surgical procedures that will insure healing, and the cosmetic result. We, as surgeons, would consider them in this order. But the patient does not.

Inasmuch as the conclusion drawn from this presentation will be that I have favored the osteoplastic flap operation in selected cases with fairly large frontals, I want to say that I am aware of the objections to this method raised by Professor Hajek of Vienna, and others. But he performed this operation in nine cases rather than subject them to the disfigurement that inevitably attends the methods that attempt to obliterate the sinus by pressing the soft parts of the anterior wall back into the cavity.

His published findings in a case previously operated by the osteoplastic method, which came to secondary operation due to recurrence, show this entire upper anterior part of the sinus filled in with healthy tissue, and the only dead space was found at the lower inner angle just above the infundibulum, *i.e.*, just back of the inner root of the supraorbital bony ridge which is left in the Killian operation, and lays this generally accepted method open to the same objection. This danger of a suppurative recess forming at this point can be avoided by making and maintaining a good, large opening into the nasal passage.

Attention to adequate patency of the nasofrontal duct once or twice a year should be considered more important than all these factors.

Why do we consider "the entire obliteration of the cavity, including the infundibulum," imperative when in all the other sinuses that we strip of their mucosa and clean out necrotic areas we make no attempt to obliterate these cavities by pressing the ad-

jacent soft parts into them? If ample drainage and ventilation is maintained, healing is the rule in these cases.

Let us consider this side, however, granted that the end-result desired to insure healing *is* the *total obliteration* of the sinus, including the infundibulum, the Riedel operation, which differs from the better known Killian operation in that all of the anterior and orbital wall is removed, *including the supraorbital ridge,* is the ideal. But Hajek, who is so insistent that we disregard the cosmetic result, which he regards as a step backward in the process of learning from former failures, says, "It is preëminently the disfigurement that prohibits the consideration of the Riedel radical intervention over the usual methods."

If it is then granted that this "ideal" method cannot be used, if for no other reason than that the patient will not permit it, we have then to select the method that will give us the best cosmetic result, and at the same time a good chance of cure. The Riedel operation may be held in reserve for such cases as may recur, or where extensive trauma or necrosis of these plates makes it imperative.

I submit this osteoplastic method as one of the best ways in which very radical treatment of these cavities can be carried out, without subsequent deformity.

FAMOUS MEN IN MEDICAL HISTORY

SILAS WEIR MITCHELL
HIS CONTRIBUTION TO EARLY AMERICAN NEUROLOGY*

LOUIS F. KNOEPP, M.D.

At the time of the organization of the American Medical Association, specialists in medicine were rare, but psychiatry had existed and, with it, strong men representing the field. American psychiatry dates from early in the nineteenth century and was even well founded as long as eighty years ago. The early volumes of the American Journal of Insanity bring forward the sucesses of such men as Ray, Earle, Brigham and Galt, who were in no way inferior to their contemporaries of other countries. It might be added that it was the inspiration of practicality of the American contributions that caused the reform of the treatment of the insane of Scotland, which nation has long lead in psychiatry.

On the other hand, neurology was born of much more recent medicine. One might say that it dates back only sixty-five to seventy years, work done previous to that time being regarded merely as contributory to general medicine. Most of the older specialists were alienists, but America was not long deterred in producing the experimental investigations of Brown-Sequard in 1852 regarding the sympathetic nervous system. The noted papers of Dr. H. F. Campbell and Marshall Hall on nerve pathology should be cited, but these contributions were not regarded with the attention that European neurologists had obtained. It is even doubtful that the early work of Brown-Sequard gave him the publicity that his later European investigations did. The works of Flint and Wood relative to nervous disorders were sometimes quoted abroad, but it was a poor time for Americans to publish facts.

Not until the Civil War did American neurology come definitely to the fore with contributions of such men as Mitchell, Morehouse and Keen relative to gunshot wounds of nerves. Moreover, Dean at this time had just published his work on the anatomy of the medulla and trapezium. The first acceptable American textbook on neurology came from the labors of Dr. W. A. Hammond in 1871, and since that time has run through a number of editions. In addition to Hammond's work were the contributions of such men as R. T. Edes, Beard and Seguin (who at this time was quite young). During this decade the organization of the American Neurological Association is marked. Since its inception in 1874 it has been a stimulus to further originality as well as a landmark for the field.

During the eighties and nineties the progress of the science of neurology was quite

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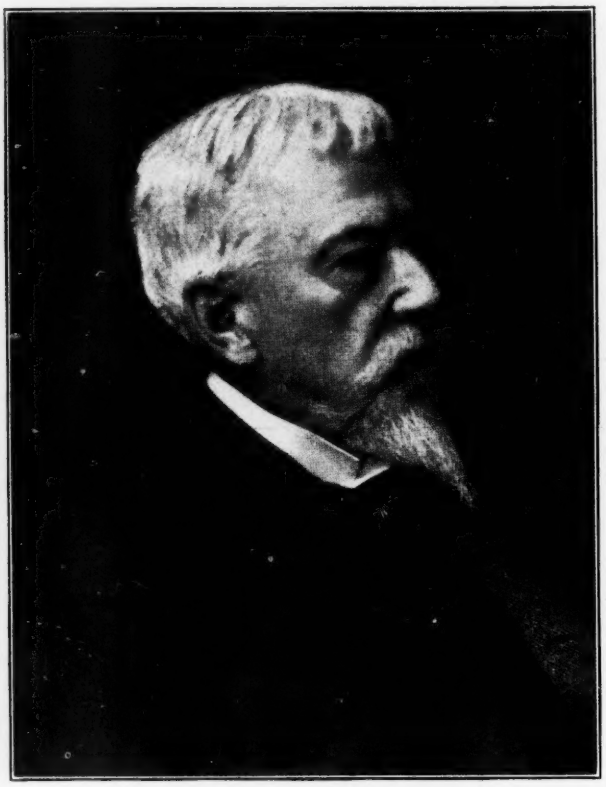
marked. On the finer anatomy of the nervous system we hear of such men as Barker, Spitzka and Langdon, while the development of the physiology is indebted to such as Dana, Mills, Brown, Berkley, Ott, Knapp, Hunn, and Osler. Wilder amassed consid-



SILAS WEIR MITCHELL

erable material on the nomenclature while the advances of neurosurgery came notably from Starr, Deaver, Park, Keen and Askridge. Until the beginning of the twentieth century much had been contributed by American neurologists in such journals as the American Journal of Morphology and the American Journal of Comparative Neurology. Moreover this advance in neurology has given a direct stimulus to its sister science psychiatry in such a manner that they have hereafter ever been allied.

The death of Silas Weir Mitchell on January 4, 1914, shortly before he had completed his 84th year, marked the passing of one of the foremost striking figures in American medicine. In our nation's early history the name of Rush and in the latter half of the last century the name of Weir Mitchell stand side by side in evaluation of the achievement and position of medicine in this country.

The son of John Kearsley Mitchell, a Philadelphia physician, and Matilda Henry Mitchell, Silas Weir Mitchell was born at Philadelphia on February 15, 1829. He was the third of nine children, he being named for Silas Weir, a prominent Philadelphian and friend of his father. He attended the grammar schools of his city and in his literary work his attainments were not extraordinary. As a student at the University of Pennsylvania in the class of 1848, his record was more brilliant but he had to give up before graduating because of a threatened tuberculosis. Eighteen months of his long life were spent on beds of sickness, but in his latter days his health was excellent, almost exuberant, and he felt himself growing stronger and stronger every year.

Mitchell received his degree at the Jefferson Medical College in 1850 when in his 21st year and soon began his well-known researches in physiology, extending to these such time as he could secure from his work as a practicing physician. As it is well known, his earliest ambition was to make for himself a place as a physiologist. The study of the venom of serpents, of the action of the vegetable poisons and of the special points in the physiology of some of the lower animals, claimed much of his time during the first ten years after graduation. While these investigations were not solely neurological, they contributed facts of value to the anatomy, physiology and toxicology of the nervous system. An interesting discovery which paved the way for others in the same direction was that of a laryngeal chiasm in chelonia similar to optic decussation.

James J. Putnam, a personal friend of Weir Mitchell, recalls the first case of the noted neurologist. "He had just become the assistant to his father, the eminent Dr. John K. Mitchell of Philadelphia, and was left by the latter, who had gone on a vacation, to hold the fort during his absence, with instructions to keep the practice going and the patients alive, if possible, until his father should return. Dr. Weir Mitchell was then the rawest of young doctors, but already conscious of the undying reserve of courage and resourcefulness which remained with him through life. Who should the first patient be with whom he had to deal, during this important interval, but a gentleman with an inveterate psoriasis, who had trav-

eled the world over in the elusive search of health and had come at last, as Naaman came to Elisha, to seek the senior Dr. Mitchell! What should be done? The improbability of a cure simply by repetition of old methods stared the younger Mitchell in the face, and the fashion of that particular period was not favorable to the recommendation of dipping just seven times in the River Jordan. But his courage and inventive genius stood him in good stead. He put the patient to bed, under the care of a trained nurse, and bled him copiously, at first daily, then less often, hoping almost against hope that the disease would submit itself to the treatment before the patient succumbed. Not without grave anxiety he watched the distinguished invalid grow weaker day by day. But at last, when even his hopefulness threatened to give way, the spots began to fade and finally disappeared. Then came the fattening-up, and after this had reached the proper point he sent his patient off, well satisfied with the treatment he had had."

This exhibition of courage and resourcefulness can easily be seen to have played a great rôle in Dr. Mitchell's career, when in 1863 Dr. William Hammond, then Surgeon-General of the United States Army, placed him and Dr. George R. Morehouse in charge of a hospital in Philadelphia for soldiers suffering from injuries of the brain and mental disorders. The scope of this hospital was soon enlarged to include men suffering from injuries of the nerves. Before long it was found necessary to build a new hospital with accommodation for 400 patients; there a vast number of cases representing almost every conceivable type of obscure nervous disease were received. Few persons have ever at any time had such a field for the study of these maladies and Dr. Weir Mitchell and his colleagues made full use of their opportunities. Out of this work during the war proceeded not only the original monograph and separate essays of Weir Mitchell, Morehouse, and Keen, but the later expanded and thoroughly systematized volume of Mitchell's in 1872 on "Injuries to Nerves and their Consequences" and Dr. John K. Mitchell's book reviewing the remote consequences of these nerve injuries from the study of the condition of some forty survivors. Forms of neuritis, trophic disturbances and symptoms like causalgia hitherto undescribed, the physical and psychical phenomena presented by those who had lost limbs through amputation (on which I shall again comment), and various forms and methods of treatment particularly adapted to nerve injury were here, with a wealth of other detail and suggestion, first brought to the attention of the profession.

Throughout a larger part of his long scientific and professional career, Mitchell's mind continued to be fascinated by the question of the action of venoms. He returned with others or alone at intervals, to new studies in this field of research, his mind grasping the fact that in such investigations would be found data that would help to clarify some of the most obscure problems in physiology, pathology, and therapeutics. His latest work in this connection was done with Reichert in the Physiological Laboratory at the University of Pennsylvania, more than a quarter of a century after his first researches.

An amusing character story of Dr. Mitchell contributed by Dr. F. C. Shattuck during this time may be mentioned in conjunction with his increasingly widespread reputation in the field of neurology. Dr. Mitchell was, it seems, just leaving Milan after a temporary visit, when a gentleman came up to him in the hotel, asking if this was the Dr. Weir Mitchell of Philadelphia and saying that he greatly wished to consult him, as he was a serious sufferer from insomnia. Dr. Mitchell declared that the carriage was at the door, and that his departure could not be delayed. But while talking with the would-be patient he noticed a brown stain in one corner of his mouth, and observed the ends of a number of big cigars sticking out of his vest pocket. Taking advantage of these hints he ventured the opinion that his insomnia was due to too much tobacco, adding the guess that he both smoked and chewed heavily. The astonished patient admitted the soft discrediting and wrote to him a month later that his opinion and the treatment based upon it had been productive of excellent results.

In conjunction with his notable enterprise in researches regarding snake poisons which started when he and Dr. William A. Hammond investigated the physiology of two South American poisons—corroval and vao—both of which were said to have serpent venom mixed with them, Dr. Weir Mitchell took great pride in sending to Dr. Oliver Wendell Holmes, who had long been a close friend, the skin of one of his largest rep-

tiles, and received in return some witty acknowledgments, one of which is quoted:

My Dear Dr. Mitchell,—
I am reminded of Pope's line—
"Pleased with a—rattler—tickled, etc."
I don't think I have it quite right, but anyhow I am both pleased and tickled with my rattler's integument. It is magnificent,—not Tofana or Madame de Brinvilliers in all her glory of silks and satins, was clad like one of these. But what a parlous worm it was, to be sure! I didn't know that pizon sarpents ever grew so big as that. He must had shed venom as a milch cow does her amiable secretion. I have got him hung up on my revolver (bookshelves, that is), and he hides a library of volumes. And when he rattled, how he must have waked the slumbering watchmen, if any such were within range! I should greatly enjoy a short biography of this individual specimen of a race which owes so much to your pious labors.

Well, well,—asps and vipers and copperheads, and cobras and rattlesnakes of reasonable dimensions I know, but a crotalus with the length and circumference of a boa-constrictor is a new acquaintance, whose bark, if I may so call his integument, is much more welcome than his bite would be.

Always, and this time thankfully yours,
OLIVER WENDELL HOLMES.

Mitchell's keen interest in the study of peripheral nerve phenomena remained with him throughout his career and led to some of his most important contributions. He was pioneer in the minute study of cutaneous nerve supply, in this respect in not a few particulars forerunning the work of Head and his collaborators and contemporary investigators. In one of his papers published as early as 1873, he showed that our views as to cutaneous sensory supply, founded largely upon anatomical observations, needed to be thoroughly revised. He found to use his own words, that surface anatomy was a fiction. Mitchell showed by his own observations, citing also those of Letievant and others, that section of the median or any other nerve trunk did not completely annihilate sensibility in the distribution of the nerve according to the usually accepted anatomy. He recognized clearly the fact of overlapping nerve areas and the main distinctions between what have ever since been called protopathic and epicritic sensibility, also various erroneous ideas as has since been seen and added by others. to regeneration of nerves and much else that His first work in this direction done as early as 1873 was followed by other papers during ten or more years.

The researches of Mitchell on the physiology of the cerebellum placed him in line as an experimentalist with distinguished contemporaries and predecessors in this field. These investigations, with such time as he could obtain from his duties as a medical practitioner, were continued over a period of six years—from 1863 to 1869. In the resume of his work and conclusions in the American Journal of the Medical Science for April, 1869, he shows in the first place that he was thoroughly familiar with all that had been done from the time of Rolando to the publication of his article—including the work of Flourens, Lussana, Bouillaud, Serres, Wagner, Magendie, Brown-Sequard, Vulpian, Luys, Richardson, Longet, Dalton and others.

His first publication in book form of the rest treatment for neurasthenia which made his name famous was in 1877 under the title of "Fat and Blood." It was translated into five European languages, namely French, German, Italian, Spanish, and Russian. This was preceded by several years by papers leading up to it on the milk diet and on rest of the treatment of special forms of the disease. He has also given to the world in popular form his views in the pamplet on "Wear and Tear."

Sir William Osler recounts the incident relative to his famous work:

"December 9, 1887. I have just walked home with the old Weir Mitchell from the Biological Club at William Sellers, and he told me on the way of his discovery; if one may so call it, of the rest treatment.

"'About twelve to fourteen years ago, a Mrs. S. from Bangor, Maine, came to consult me at the advice of a mutual friend. She was a bright intelligent woman who had had, as a girl, attended a Boston school in which Agassiz and his wife were interested, and had passed through the four years' curriculum in three years. She then had married, and within as short a time as was possible, had had four children, with the result of a total breakdown, body and mind. Boston and New York physicians were tried for a year; then she went abroad, and in London and Paris saw the most eminent consultants and spent months at various spas. But in vain; she returned a complete invalid. When seen, she was a woman of 5 feet 8 inches, emaciated, nervous, unable to digest any food unless she lay upon her back with her eyes shut; and full of whims and fancies.'

"Standing at the foot of her bed, Mitchell said that he felt every suggestion that he had to make as to treatment had been forestalled. Every physician had urged her to take exercise, to keep on her feet, and to get about, and she felt herself that this was best. She took food better, but found that in attempting to get up she was so weak she could scarcely stand from lack of exercise. Mitchell said that he felt that he had run up against a stone wall. About this time he had seen on several occasions a quack named Lyons, who professed to cure by passes and rubbings, relieve a confirmed ataxic in such a way that he could get about for an hour or more at a time. The idea occurred to him to substitute for exercise the movements of the muscles caused by friction and rubbing, and, after giving to a Miss H. several lessons, he instructed Mrs. S. for so long

each day. Improvement began to be noticed each day, and to the rubbing was added electrical stimulation of the muscles—also as a substitute for active movement. The food was taken more freely, she gained in flesh, and gradually recovered, and was sent home to Bangor perfectly well. The improvement has persisted, and she has since borne several children and has been the soul of many enterprises in her native town. An incident, post partum, so to speak—was a letter received from Mrs. S.'s mother, a wealthy New England woman full of "isms," and a speaker at temperance meetings, etc. She wrote to Dr. Mitchell to say that bodily comfort and ease, health and enjoyment, might be dearly bought at the price of eternal peace. That he had recommended her daughter to take champagne and to have a maid assist her in her toilette. The former she considered not only superfluous, as any well instructed New England husband was quite capable of helping his wife in her toilette."

With a mind always plastic and responsive, Mitchell, like some great men in pure science, Faraday for example, when engaged in a physiological or clinical investigation with every step taken, saw new radiations on the subject in hand. He contributed to our knowledge of drugs and other remedies as in his observations and investigations on morphine and atropine, his recommendation of amyl nitrite to abort epileptic attacks, his suggestions of lithium bromide as the most valuable of the bromides, his recommendation of the use of splints to procure local rest, and the employment of ice and sprays to reduce pain and relieve local spasm. He was among the first to promote the rational use of massage and faradic electricity, and he made numerous valuable suggestions as to surgical procedures like nerve section and nerve stretching, at a time when such suggestions had the merit of originality. To him is also accredited the elaborate research with Morris Lewis of the physiology of the knee jerk and muscle jerk.

All in all, Weir Mitchell published some one hundred and forty medical articles during his active practise, some of which were: "Hints for the Overworked" (1871); "Injuries of the Nervous System and Their Consequences" (1872); "Disease of the Nervous System" (1881); "Lectures of the Diseases of the Nervous System Especially in Women" (1881); "Lectures of the Nervous Diseases." He has published a number of novels and volumes of poems. He held the belief that a physician in active practise may be what he believes, provided that his medical life and works assure him of his competence.

In conjunction with his colleagues, Weir Mitchell also produced a remarkable paper on malingering, and a book entitled "Gunshot Wounds and Other Injuries to Nerves" (1864). After serving in the Army four years and returning to civil practise, he continued to give his attention to nervous diseases and became the leading authority on the subject in America. He made a number of additional studies on chloroform, chloral and ether. In 1890, he published a paper on the effect of mescal-button, a vision-producing drug used by the Indians of New Mexico, in conjunction with which, he made experiments with the drug on himself to test its power. In this paper he gave a vivid description of the vision-stars, zigzag lines of color of extraordinary brilliancy. On the whole the effect of mescal-button on him was more or less what is experienced in some ophthalmic megrims.

Even the purely medical writings of Doctor Mitchell are possessed with a charm very rare in medical authors. His literary ability found egress in fiction and poetry. His first effort in fiction was entitled "The Case of George Dedlow," a story dealing with physiological and psychological problems, which appeared in the Atlantic Monthly in 1863. He says that he did not write it with any intention of its appearing in print. He lent the manuscript to a friend and forgot all about it. This friend sent it to the Rev. Edward Everett Hale. To his surprise he received a proof and a check, and the article was inserted as a leading number without his name. It was at once accepted by many as the description of an actual case. Money was collected in several places to assist the unfortunate man, and benevolent people went to the "Stump" Hospital in Philadelphia to see the sufferer and offer him aid.

His best novel is "Hugh Wynne, Free Quaker" (1897), a tale of Philadelphia life in the time of the Revolution, which gives the description of a Quaker who upheld his right to bear arms in defense of his country. Dr. Irving W. Vorhees told him that Dr. Henry Van Dyke once told him that he considered "Hugh Wynne" the great American novel.

"Yes," said Mitchell, "'Hugh' is pretty fair but my best book is 'Constance Trescott.' In that book you will find the best report of a medical consultation in all literature."

Since this novel was written when Dr. Mitchell was seventy-five years old, it is indeed curious that it is even now regarded as his strongest work of fiction. Dr. Vor-

hees reminded him that of all his stories, he considered "The Autobiography of a Quack" the best.

"That interests me," he replied, "for I was more generally criticized for that story and many of them took it as a personal affront. I received scores of letters scolding me soundly for it."

Other works of literature by Doctor Mitchell include: "The Adventures of Francois" (1898); "The Red City" (1909); "Westways" (1914), his last novel. He contributed a book of verse as titled "Collected Poems" (1896) and wrote a drama entitled "The Masque," produced by Wilson Barrett.

Doctor Mitchell never taught in either of the great medical schools in Philadelphia, but he did excellent work for many years as Trustee of the Carnegie Institute, and performed invaluable service in securing the endowment for the splendid edifice of the College of Physicians of Philadelphia of which he was a Fellow and one-time president. This stands now as an important medical center containing a collection of books equalled, it is said, by only the Surgeon-General's library in Washington.

Dr. Weir Mitchell was for many years physician to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases, where for more than thirty years his weekly clinic was largely attended.

To Weir Mitchell's achievements may be added the conferring of an honorary L.L.D. degree upon him by the Universities of Edinburgh, Harvard, Princeton, and Toronto. He received an honorary M.D. degree from the University of Bologna. He was an honorary Fellow of the Royal Society, an honorary Member of the British Medical Association, an honorary Fellow of the Royal Medical and Chirurgical Society, and Honorary Foreign Associate of the French Academy of Medicine. He was also a member of the American National Academy of Sciences; an honorary Member of the London Medical Society; a Foreign Associate of the Royal Academy of Medicine at Rome; an Honorary Associate of the Royal Medical Society of Norway; a Corresponding Associate of the Verein für innere Medicin, Berlin; and an honorary Member of the Royal Academy of Bologna. All in all, he was a member of nearly twenty medical societies in America and Europe.

Doctor Mitchell was in every sense a true and learned physician. He revered and respected the science and art of medicine, and strove in every way to extend the boundaries of medical science. Endowed with an affectionate and highly social temperament, a brilliant mind and quick wit, he went on through life continually forming new friendships of the best sorts, as with such men as Phillips Brooks. Some men seem to run into one groove very smoothly, and are driven by destiny, this one to become a poet, this one a scientist. But Weir Mitchell's main idea was never to forsake medicine for literature but to utilize the latter for pastime during his vacationing hours from the tediousness of his practise. He left no well-marked line of human interest untouched, as in his writings can be deciphered as well as from the assurity of those who were acclaimed his intimate friends, a great variety of noble temperaments.

He had certain peculiarities, one of which was his aversion to dinners and anniversaries. Another was his dislike of newspapers and reports. He had little respect for what he called "newspaper English."

"To the reporter," he said, "a dinner is always a banquet, a fire, a conflagration, an investigation, a probe and any unusual welcome an ovation."

Ellis P. Oberholtzer, in his personal memories of Weir Mitchell, speaks of Doctor Mitchell's love on the Franklin Inn Club, where he spent many happy hours during his latter days. It was an absolute rule that affairs at the Club be kept out of the newspapers and the annual dinner was always a closed night. On one of these occasions the doings came to the knowledge of a reporter who published the story in a daily paper, to the great discomfort of all the members, many of whom were prominent literary men.

"Do you wonder that I loathe the creatures?" said Doctor Mitchell.

The reporter wrote a note of explanation saying that the whole world was his prey and that what he always wanted he got, regardless of the feelings of others.

"The ethics of a rag picker!" exclaimed Doctor Mitchell.

But of course, Doctor Mitchell being very human, could not be inattentive to what the newspapers said of him. He read their reviews of his books, although he paid little attention to criticisms unless they were un-

fair, then he would write complaining of the treatment.

But if Doctor Mitchell was distinguished for his talents, his industry, and his achievements, it is equally true of him that he was a warm-hearted lover of mankind both in a narrower and broader sense. To all who cared for them he was generous of the time, his interest, and his affection, recalling in this respect, his close friend Sir William Osler. His influence on the younger men of the profession has been a marked characteristic. Many a medical student had found in him a sympathetic and helpful friend. Doctor Mitchell constantly suggested to younger men new fields of labor and instinctively knew the lines upon which investigation may have profitably been pursued.

Sir William Osler writes in 1914:

"For nearly thirty years I have enjoyed the friendship of Weir Mitchell, so that it is difficult to write in measured terms about his character and work. I met him first in 1884. He had been commissioned by the trustees of the University of Pennsylvania to look me over as a possible successor of William Pepper in the Chair of Clinical Medicine at the University of Pennsylvania. At Leipzig at the time, I had a cable to meet him at Limmer's Hotel, Conduit Street, at dinner, giving the date. He told me subsequently that the next morning he had cabled "All right. Elect Osler!" In a measure he regarded himself as responsible for me, and during five years residence in Philadelphia, had I been his son, he could not have done me more, in every possible way, to promote my welfare. We have been constant correspondents, and his Christmas letter, dated December 20, 1913, was full of cheery greetings. The 15th of next February would have been his eighty-fifth birthday. When I saw him last May he had begun to show his age, but mentally was as keen and alert as ever. Of no man I have known are Walter Savage Landor's words more true—"I have warmed both hands at the fire of life." We have tc go to other centuries to find a parallel to his career, not, it is true in professional work—for others have done more—but in combination of a life devoted to the best interests of science with literary and social distinction. He reminds me of Mead who filled so large a place in public and professional life in the early part of the eighteenth century. And of Mitchell, Dr. Johnson's remark of Mead is equally true—"No man ever lived more in the sunshine of life." But a much closer parallel is with the great seventeenth century Tuscan, Francesco Redi, in the triple combination already referred to, of devotion to scientific study and to belles lettres and in the position which he enjoyed in public esteem. . . .

"I was associated with Doctor Mitchell at the Orthopedic Hospital and Infirmary for Nervous Diseases for five years, and had ample opportunity to see his method and work. Until his son, Dr. J. K. Mitchell, returned from Europe I saw much of his private practise. Three factors contributed to his extraordinary success: a strong personality, his nurses, and the method itself. He was fortunate always to have good assistants, who helped him bear the heavy burden of the routine of practise.

"He had untiring interest in physiological problems and among writers and workers, Harvey was his ideal. I have rarely met with a man with so much mental leaven. He was always suggesting problems for investigation and discussion, and he retained to the end the keenest interest in the progress of science. Twice he missed important chairs of physiology for which he was candidate, but perhaps it was an advantage that he was never hampered by academic harness. The history and traditions of the College of Physicians of Philadelphia, one of the oldest English-speaking medical societies, always appealed to him, and its present magnificent building and strong financial position are largely owing to his devotion to its service.

"Versatility was the striking feature of Weir Mitchell's mind, and it is shown by the remarkable success obtained in other than professional fields. In a large part he was able to do this by living a double life and by development of an extraordinary capacity for continuous work. Giving up practise early in June, he had a month in Canada salmon fishing, and then until the middle of October at Bar Harbour, Maine, he spent the morning in literary work, the afternoon in exercise, chiefly walking, and the evening in social intercourse with his friends. We have not another instance of so distinguished literary success in a man who at the same time was all his life actively engaged in professional work. Oliver Wendell Holmes, though he taught anatomy for forty years, was first and foremost a literary man. . . .

"In presenting a portrait of Doctor Mitchell to the College of Physicians, Philadelphia, on behalf of his friends, I said that Matthew Arnold's well known words fitly described him as one—

> Whose even balanced soul
> Business could not make dull, nor passion wild;
> Who saw life steadily and saw it whole."

There is not a doubt that Doctor Mitchell's name will be remembered as among the foremost of American physicians, and as taking a high place among literary men. The testimony of his innumerable and grateful patients and of the vast circle of his professional friends, the long list of his medical and scientific publications, the still longer list of his literary works, and the many honorable tokens of appreciation bestowed upon him by American and foreign societies, establish this statement beyond question. He felt also the obligations entailed by his position, that he kept his torches burning till the very last, so much in fact that the issue of Science, published on December 12, 1913, only three weeks before his death, contained a memoir by him to his friend, the late Dr. John Shaw Billings. For his never-ending efforts and accomplishments and this emancipating example and influence the profession owes him a grateful tribute.

MICHIGAN'S DEPARTMENT OF HEALTH

C. C. SLEMONS, M.D., DR.P.H., Commissioner,
LANSING, MICHIGAN

POLIOMYELITIS

In the last issue of the Journal, mention was made of the organization of the Michigan Commission on Infantile Paralysis and its proposed work. The response on the part of everyone concerned was so prompt and so whole-hearted that the rapidity of getting under way and the results obtained have been very satisfactory.

Both people and physicians, during the increased prevalence of poliomyelitis, became "polio-minded." One result of this was that many parents and some physicians considered cases of illness to be poliomyelitis in which the symptoms were not very suggestive. On the other hand the discovery and diagnosing of a greater percentage of actual cases resulted. Many cases that would have been overlooked by parents or physicians were found because everyone was thinking of poliomyelitis. The parents in most communities showed less unreasonable fear than is usual at such times, due, we believe, to the knowledge that efforts were being made to combat the disease.

The response by those who formerly had had poliomyelitis was overwhelming. A total of 450 donors gave their blood, and the list could easily have been increased to three times that number; also, most of those would have been glad to give blood on repeated occasions. The compensation of ten dollars for each bleeding no doubt stimulated this response but the spirit of service was evident and real among the donors. The only time that serum for treatment was not easily available was during the first two weeks, while the organization was being perfected and the serum prepared. Due to the cost of collection and preparation and the limitation of funds, it was necessary, however, to continue restriction of administration of serum to those cases where the criteria of the Commission were met.

The regional consultants and their assistants did a most splendid piece of work. Their service was prompt and unselfish. Their observations agree that the serum has been very effective. This could be so only with the prompt action of all concerned: parents, attending physicians, and consultants.

Results in treated cases will be tabulated and reported on at a later date. Likewise, there will be some analysis made of the epidemiological data collected.

C. D. B.

SUPERVISION OF PUBLIC HEALTH LABORATORIES

All public laboratories making chemical, serological and bacteriological laboratory tests to aid in the diagnosis or control of communicable disease shall be registered with the Michigan Department of Health, by provision of House Enrolled Act No. 45 of the Public Acts of 1931. Application for registration shall be made by the person, firm or corporation in charge of the laboratory, and shall be valid for one year. A public laboratory shall be deemed to be a laboratory which may be patronized by any physician or health officer.

The law further provides that it shall be the duty of the state commissioner of health, with the approval of the advisory council of health, to make and declare proper rules and regulations with reference to the operation of such laboratories, to the end that the public health shall be safeguarded by preventing the spread of disease and the existence of sources of contamination. Any person, firm or corporation in charge of such laboratory, aggrieved by any interpretation by the state commissioner of health of such rules and regulations, may appeal to the advisory council of health at any of its regular quarterly meetings and will be accorded a full and complete hearing. The findings of fact by the advisory council of health shall be deemed final, but any interpretation of the law may be reviewed in the supreme court.

Any such public laboratory making chemical or serological or bacteriological laboratory tests shall be under the supervision of a laboratorian who is a graduate of a college or university, of recognized standing, in chemistry, serology or bacteriology, respectively.

The state commissioner of health is em-

powered to inspect such laboratories in order to secure the enforcement of the provisions of the law, and to investigate all complaints received by him in writing as to the operation of such laboratories.

In compliance with the provisions of the law, the Michigan Department of Health has issued the following regulations.

RULES AND REGULATIONS FOR THE OPERATION OF PUBLIC HEALTH LABORATORIES

1. The supervisor of a public laboratory shall be actually engaged in the laboratory work, not a nominal head. He shall file his qualifications when applying for registration under the law.

2. The laboratory shall be equipped with a microscope with a combination of lenses that will give a magnification of at least 300 diameters dry and at least 700 diameters with the oil immersion lens. The microscope must be equipped with an Abbe condenser and adequate lighting facilities.

3. An incubator shall be maintained that is equipped with an automatic thermo-regulator which will maintain the incubator at constant temperature with less than two degrees of variation in temperature during twenty-four hours and less than two degrees variation between top and bottom of the incubator. It must be equipped with a thermometer that can be read at any time without opening the incubator. Recording thermometers preferred.

4. Either an Arnold sterilizer or an efficient autoclave shall be provided.

5. The isolation of typhoid bacilli from material sent to the laboratory may be accomplished by the use of any of the differential media. The identification shall be made by Russell's double or triple sugar and agglutination of the organism made with diagnostic sera furnished by the Michigan Department of Health. The supervisor shall be prepared to demonstrate that the laboratory culture media will grow and differentiate the organism whenever requested by the Michigan Department of Health.

6. The isolation of diphtheria bacilli from material sent to the laboratory shall be done on Loeffler's blood serum media prepared from serum or from Difco's dried media. Reports on the direct examination of material for diphtheria bacilli shall be made provisionally and followed by the report on the culture. The supervisor shall be prepared to demonstrate the growth of the Klebs-Loeffler bacilli on his culture media whenever requested by the Michigan Department of Health. Loeffler's alkaline methylene blue shall be the standard stain for Klebs-Loeffler bacilli.

7. All preparations for examination for gonococci shall be stained by Gram's method and reports made as "Gram positive or negative diplococci found or not found," either "intracellular or extracellular" as observed by the operator. The supervisor shall be prepared to demonstrate a balanced Gram stain whenever requested by the Michigan Department of Health.

8. Material sent to the laboratory for examination for tubercle bacilli may be stained by either the Ziehl-Neelson method or Cooper's method. The supervisor shall be prepared to demonstrate the dependability of the stain whenever requested by the Michigan Department of Health.

9. Laboratories doing serum diagnosis of syphilis shall submit sera to the Michigan Department of Health and run tests by their method on sera submitted by the Michigan Department of Health whenever requested by the department. The results of these comparative tests shall be in agreement, at least ninety-five per cent of the time, with comparative tests of the other laboratories in the state.

10. Records of the laboratory shall be kept in such a manner that at the end of the year they may be reported to the Michigan Department of Health as indicated on the enclosed blank. In this way comparative results of laboratories in the state may be circulated.

IMPROVING STATE WATER SUPPLIES

Special effort is being made by the Bureau of Engineering to eliminate the few remaining unsafe public water supplies in the state. Thirty of the 342 public water supplies in Michigan have failed to come up to the standards required for approval by the Michigan Department of Health. Within the past three months six municipalities have been persuaded by the Department to improve their water supplies—Elk Rapids, Thompsonville, Kalkaska, North Park and Mackinac Island, which are now chlorinating their water, and Manton, which has put in wells.

Fifteen of the remaining municipalities

with unsafe supplies have been ordered by the Department to either improve their present supply or provide a new one. An order is issued only as a last resort, after every effort at persuasion has failed to stimulate local action.

Municipalities constructing water or sewerage systems are now required by law to secure approval of plans and a permit from the Michigan Department of Health before beginning construction, according to action of the 1931 Legislature. Issuance and sale of bonds for such a purpose is contingent upon approval of the Department, and any expenditure of funds for such purposes is unlawful unless such approval has been secured.

Formerly, the law required approval within sixty days after completion of a waterworks or sewerage system. This frequently necessitated expensive alterations, a procedure that will be eliminated by the new law.

STAFF ACTIVITIES—BUREAU OF CHILD HYGIENE AND PUBLIC HEALTH NURSING

A six weeks' series of women's classes in child care was begun in Midland County on September 28 by Dr. Ida M. Alexander. Helen Linn, nutritionist, will work with Dr. Alexander for a part of the time, presenting nutrition from the standpoint of the prospective mother, the infant, and the growing child.

Isabella County is having a similar series of classes for women, conducted by Dr. Muriel Case. Dr. Case's lectures on physiology and hygiene will be supplemented by talks on social hygiene by Melita Hutzel of the Bureau of Education staff and by talks on nutrition by Helen Linn.

Child Care Classes are being carried on in Chippewa County by Julia Clock, R.N. The series consists of eight talks and demonstrations on child care to girls from ten to sixteen years of age. Sanilac County is having the same series of classes, conducted by Beatrice Ferriby, R.N., and the rural schools of Allegan County a similar series, conducted by Bertha Cooper, R.N.

Preliminary arrangements for immunization and vaccination campaigns in the Upper Peninsula are being made by Annette Fox, R.N., supervising nurse for that district. Where there are county nurses, Miss Fox will assist in the organization of the work and where there are no county nurses she will not only organize but also assist the local doctors in giving the treatments.

Esther Nash, R.N., is in Saginaw County helping the County Health Department in planning a diphtheria prevention campaign.

During the intensive campaign to collect blood for poliomyelitis serum, staff members of the Bureau of Child Hygiene and Public Health Nursing were withdrawn from their regular work and assigned to organizing and assisting in the bleeding clinics. Esther Nash, Annette Fox, Bertha Cooper, Beatrice Ferriby, Nell Lemmer and Julia Clock, nurses on the Bureau staff, organized clinics for the Department doctors. Dr. Case, assisted by Helen Linn, conducted clinics in Newaygo, St. Johns, Ionia and Reed City.

NEW TRAINING CLASS STARTS JANUARY FIRST

The training station for health officers which has been conducted for three years under the auspices of the Michigan Department of Health and the Rockefeller Foundation and under the direction of Dr. W. A. McIntosh, has been continued since July first along slightly modified lines under the direction of Dr. C. D. Barrett. The present plan provides for two physicians in each class, the course to last from four to six months, depending on the trainee and the positions available.

The next class will begin the first of January, 1932. Trainees receive a stipend of five dollars a day. Only graduates of Class A medical schools and under 45 years of age are accepted. Those selected must have proven ability and good personality. The course is intended to prepare physicians for positions as full time health officers in Michigan. The Michigan Department of Health cannot guarantee positions to those who complete the course but will recommend any who do so with a good record.

Inquiries should be directed to Dr. C. D. Barrett, Michigan Department of Health, Lansing.

THE JOURNAL

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Contributors are responsible for all statements, conclusions and methods in presenting their subjects. Their views may or may not be in agreement with those of the editor. The aim, however, is to allow authors as great latitude as the general policy of The Journal and the demands on its space may permit. The right to reduce in length or to reject any article is reserved. Articles are accepted for publication on condition that they are contributed solely to this Journal.

All communications regarding advertising and subscriptions should be addressed to F. C. Warnshuis, M.D., 2642 University Avenue, St. Paul, Minnesota, or Suite 1508 Grand Rapids National Bank Bldg., Grand Rapids, Michigan.

NOVEMBER, 1931

"I hold every man a debtor to his profession, from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves, by way of amends, to be a help and ornament thereunto."

—Francis Bacon

EDITORIAL

THE 111TH ANNUAL MEETING

The one hundred and eleventh annual meeting of the Michigan State Medical Society was a success despite counter attractions. The annual meeting of the American Legion was the largest gathering of men and women that ever assembled in Detroit. The two conventions coming the same week undoubtedly kept many of our members away from the medical society, especially those in Detroit, who might otherwise have attended. However, those who attended found they were well repaid. The program was good. The addresses were all well prepared and may be accepted as embodying to a high degree recent advances that have been made in medicine and surgery and allied specialties.

There is a growing tendency among the essayists to illustrate their addresses by means of lantern slides. This has been encouraged through the purchase by the Society of five new lanterns of the most advanced type. It was unfortunate, however, that the rooms in which the various section meetings were held could not have been darkened so that the lanterns might have been used more effectively. The places of meeting were well grouped so that there was very little walking necessary to attend the various sections.

It was decided to dispense with the report of discussions. From the experience of the past three or four years this is a movement in the right direction. There has been such a demand for space in this Journal for original contributions that publication of papers in some instances was unfortunately delayed. It is hoped that by the elimination of discussions the papers read at the convention may be printed before the expiration of the year following the annual meeting.

The proceedings of the house of delegates appear in this number of the Journal. They have been reported verbatim so we will not attempt to summarize them here.

There was a tendency in some instances for the essayists to follow their manuscript too closely and to speak or to read so as to be scarcely heard by those at the rear of the hall. This unfortunate habit is too prevalent among men not accustomed to public speaking. A great deal of gray matter is exercised in the preparation of a paper or address. It is unfortunate when the effort is lost by a delivery that is inaudible and therefore unconvincing. Future speakers will do well to practice reading their papers aloud, better if this can be done before two or three critical friends.

It is hoped that all took time to study the scientific exhibits. These were all well worth while. The technic of preparation was in all cases excellent. The legends beneath the various subjects told the story. There is a great advantage in a small, well chosen exhibit. It affords intensive study rather than a tendency to discursive survey of a large collection. Pathology is still basic to medicine and surgery so that an exhibit of pathologic specimens is almost a necessity to a state medical convention.

Next to actual tissue is the radiograph. The reduced reproductions of radiographs described pictorially such pathological conditions as could be registered in variation in density. The commercial exhibit is also an important feature of conventions. While as a rule conducted by the distributing or sales branches of manufacturing concerns, one may keep abreast of the production of new instruments or apparatus, or it may be drugs and other medicinal agents. The same advice to view the commercial exhibits will apply to a perusal of the advertising pages of this Journal. The advertiser in this Journal has something of merit to offer. Were it not so, he would not be an advertiser. He buys space and therefore aids in making this Journal possible.

Before another twelve months have elapsed we hope to publish the papers presented at the annual meeting. They will provide a veritable post-graduate course for the reader. These papers possess a certain advantage over the textbook on the subject dealt with. They are more complete; they are in the nature of monographs containing the writer's experience enriched by his digest of the special literature. We hope to present them in attractive form in good sized readable type to a larger audience than can possibly assemble at any one time. The editor has sought to index each volume of this Journal for reading and convenient reference. Would it not be a good idea to preserve these Journals in permanent form by enlisting the services of a bookbinder when each volume is complete?

DR. J. MILTON ROBB, PRESIDENT-ELECT

In the election by the House of Delegates of Dr. J. M. Robb to the position of president-elect of the Michigan State Medical Society, we have the youngest man who will have occupied the position of president. The House of Delegates is to be commended upon the selection of a man of energy and experience, for Dr. Robb comes fresh from filling the position of president of Wayne County Medical Society, which, as is well known, is the largest county society in the State. He puts himself wholly into any task he undertakes.

Dr. Robb graduated from the Detroit College of Medicine in the class of 1908. Following his graduation and his internship at Harper Hospital he spent three years with Dr. Don M. Campbell, where he pursued eye, ear, nose and throat work. Since

DR. J. MILTON ROBB

1914 he has spent the time in private practice excepting two terms at Edinburgh and Vienna, where he pursued graduate work. He obtained the degree of F.R.C.S. from Edinburgh. Dr. Robb will make an excellent president when the time comes for him to assume the position of chief executive of the Michigan State Medical Society.

DO NOT LET YOUR MEMBERSHIP LAPSE

Recently one of the physicians of this state was sued for malpractice in a circuit court and a judgment of $1,500 was given the plaintiff. The doctor was in attendance on a patient who is said to have demanded and to have hired a nurse. The nurse placed a hot water bottle against the patient with the result that the patient was burned. Suit was brought against the doctor with the result mentioned. Evidently the doctor is responsible for any error or injury committed by a nurse receiving instructions from him even though he may have had nothing to do with employing the nurse.

A doctor may be in attendance on an indigent case in a hospital where he is giving his services without expectation of remuneration. In the event of an unfavorable result the doctor is liable to be sued. The

hospital cannot be sued because it is a charitable institution.

A doctor may be employed in an industrial plant. He may be hired in the same sense as any other employee or official, but if he attends another employee in which the result of his ministrations is unsatisfactory, the patient may bring suit against the doctor but not against the company. If a person should sustain an injury from an automobile driven by an employee of a company while on duty the company may be sued, not the employee.

The moral: *The wise physician will keep himself protected as long as he is in the active practice of his profession by maintaining his membership in his county and state societies, never allowing the same to lapse for non-payment of dues.* In addition to this he should carry a policy with some reputable insurance company.

THE GOVERNOR'S ADDRESS

The address delivered by the Honorable Wilbur M. Brucker, Governor of the State, before the annual general meeting of the Michigan State Medical Society, September 23, was a masterful interpretation of the functions of the government. Attention is called to the verbatim report which appears in this number of the Journal. In spite of the fact that the governor had been engaged in the functions incident to acting as state host to the American Legion, his voice was good. The stress of the occasion which which would have told on a man of less physical robustness scarcely affected the speaker. The address, which lasted nearly an hour, recounted among other things the demands made of the chief executive of the state. It was a logical, common-sense presentation. The audience, besides members of the Michigan State Medical Society, consisted of a large number of the citizens of Pontiac.

A GRIEVANCE COMMITTEE*

This is a very interesting and apparently serviceable institution under the control of the state department of education of New York State. It has been in existence for four years, established under the Practice of Medicine Act. Originally designed to provide a legally constituted body to protect the public by disciplining members of the medical profession who might be found guilty of improper practice, it has rendered a service to the profession by protecting its members against unfounded charges, and it has also raised the standards of professional practice.

Dr. Rypins, the Executive Secretary, gives details of the functioning of the committee. Of 163 complaints against licensed physicians of the State, 65 were found not to come within the legal scope of the committee. He states that the sixty-five complaints have been dropped, inasmuch as they had not been brought before any other tribunal of the State. Citizens have a right to make complaint against a physician before a legally constituted professional committee so that he may know whether he has proper grounds for such action. The effect has been to forestall a number of malpractice suits. The committee has served as a safety valve for disgruntled patients and has saved many members of the profession unpleasant notoriety, besides the expense of defending unwarranted malpractice suits.

The writer relates that the best work of the Grievance Committee has been accomplished in informal hearings before a subcommittee of three members of the profession to whom the complainant and the physician defendant is each permitted to tell his side of the story without the formality of a trial. It has been a significant fact that without the usual legal summons no physician or lawyer has hesitated to appear at these informal hearings.

In a minority of cases (approximately thirty) there was evidence that the physician had either acted improperly, or had "practised too close to the borders of unethical conduct." In such cases the defendant physician was admonished to improve his professional conduct. It has been gratifying that with very few exceptions it has not been necessary to recall physicians, so admonished, on subsequent charges. Of the total number of complaints only seventeen had been referred to the Board of Regents, who sustained the recommendations of the subcommittee. Result, the licenses of eight physicians were revoked for serious infractions of the law.

The Grievance Committee is empowered to arbitrate disputes between physicians, as well as between physicians and patients.

*The Grievance Committee, by Harold Rypins, M.D., Executive Secretary, State Department of Education, Albany, New York. *New York State Journal of Medicine*, Aug. 1, 1931.

This is presented to show our members how the medical profession of the great State of New York handles problems that confront the profession in every State of the Union. In the majority of States complaints and matters involving medical ethics are dealt with by the Ethical Committee of the County Medical Society, The State Board of Registration in Medicine and by the courts.

MEDICINE AND ITS CO-DEPENDENTS

This was the subject of an address delivered by Dr. Angus McLean of Detroit, before the Middlesex Medical Association of London, Ontario. Dr. McLean's address was delivered in a country, one of the western provinces of which has adopted a form of state medicine. State medicine or socialized medicine prevails in England at the present time. The doctor emphasized the feature of cost. It is asserted that approximately two million persons live off the sick in the United States. These include doctors, nurses, orderlies, social workers, laboratory workers and other persons connected with hospitals. It is estimated that this item alone would run to ten million dollars a day with an average daily wage of five dollars. The aggregate annual expense to be paid by the taxpayers would be in excess of three billion dollars. This does not include the cost of drugs or of surgical supplies. The item of cost alone is sufficient if brought before the public in the proper light to dispose them to consider very carefully what the adoption of state medicine might mean.

Dr. Woods, secretary of the Middlesex Association, commenting on the address, said: "I have felt for years that no government has an invisible gold mine at its command, that its only source of revenue comes from its taxation powers, and there are limits beyond which taxation cannot go. Thus it follows that no government can afford to take on the various forms of socialistic and paternalistic services which the present day demands, state medicine among them. If medical service is simplified, the average individual will be able to secure and pay for a service which will be satisfactory to all but neurasthenics."

THE ASCHHEIM-ZONDEK METHOD FOR THE EARLY DIAGNOSIS OF PREGNANCY

The Aschheim-Zondek test for the diagnosis of very early pregnancy is claimed to be about 98 per cent accurate. It depends upon the fact that soon after conception occurs there is an excretion of the hormone of the anterior portion of the pituitary gland into the urine. If this urine be injected into immature white mice ovulation takes place. To obtain fairly accurate results, however, it is necessary to follow details of the test very carefully. For instance the white mice must be immature, that is they must be under twenty-four days old, for they are of no use and results will be misleading if they have attained maturity. Five mice must be used for each test and each mouse must be injected six times over a period of three days. The more complicated a test is the greater possibility of error and the less likely is the test to be employed.

A number of workers have discarded the use of mice in the Aschheim-Zondek test and have adopted the use of rabbits. The use of rabbits in this test has a decided advantage over the use of mice. Those physicians who attended the exhibit given at the 111th annual meeting of the Michigan State Medical Society at Pontiac, will recall a very interesting demonstration of the Aschheim-Zondek test for early pregnancy given by Dr. O. S. Brines of Detroit. Dr. Brines used an adult rabbit which was given a single injection of 10 c.c. of urine, preferably that voided first in the morning. Dr. Brines emphasized the fact that the urine should be distinctly acid in reaction even if it were necessary to resort to medication to produce an acid urine. As said, the rabbit is given a single injection and a biopsy or an autopsy, as you will, is made at an interval of twenty-four hours. Some perform a biopsy and close the operative wound up afterwards; others kill the rabbit and lay bare the ovaries. The process of ovulation produces corpora hemorrhagica. Once these little hemorrhagic bodies are seen they are easily recognized again. They constitute positive evidence of pregnancy as shown by this test.

The technic is not difficult, not essentially a procedure for a specialist. The test is one that may be made by any man in general

practice. It is presumed to be, as we have stated, approximately 98 per cent accurate. It should be remembered, therefore, that there is a margin of uncertainty of 2 per cent. The advantages of a fairly accurate method of making a diagnosis of early pregnancy are obvious, as it is equally important under certain conditions to be sure that pregnancy is not present. The method should be useful in determining an early ectopic pregnancy.

THE IRON LAW OF WAGES

In times like these we feel that we need offer no apology for the inclusion of such topics as this in the Editorial Department of this Journal. The way to counteract or to retard socialistic tendencies is not to ignore them but to study them. Useful lessons may be learned from the history of socialism as worked out upon the stage of European history. Among the German writers on socialism, in importance overshadowed only by Karl Marx, was Ferdinand Lassalle, who died in 1865. Lassalle was a son of a wealthy Breslau merchant, who persuaded him to enter upon a business career. Young Lassalle, however, refused to enter business but insisted upon going to college. He eventually distinguished himself in studies in philosophy at the University of Berlin. His subsequent career was spent as a socialist leader. At this time (1931) Lassalle's view on the social-economic position of the wage earner takes on renewed interest. His Iron Law of Wages runs as follows:

"The Iron Economic Law, which, in existing circumstances, under the law of supply and demand for labour, determines the wage, is this: that the average wage always remains reduced to the necessary provision which, according to the customary standard of living, is required for subsistence and for propagation. . . . . It cannot permanently rise above this average level, because in consequence of the easier and better condition of the workers there would be an increase of marriages and births among them, an increase of the working population and thereby of the supply of labour, which would bring the wage down to its previous level or even below it. On the other hand, the wage cannot permanently fall below this necessary subsistence, because then occur emigration, abstinence from marriage, and, lastly, a diminution of the number of workmen caused by their misery, which lessens the supply of labour, and therefore once more raises the wage to its previous rate."

This is expressed very neatly and is easily verified by any one who will reflect on the conditions around him whether his lot be cast in the country or in the city. For the past two decades or more there has been a marked urbanization of the population of the country due to immigration, to high wages offered in cities and the birth rate has had an upward trend. The past two years have withnessed a tendency to decentralization of population as evidenced in the slowing up of imigration and the trek from the city back to the farm. Man is an animal and subject to the biological laws that govern all animal life. His reason and consequent power to adjust himself to his environment tend to counteract biologic laws to a large extent but in the end the law of his being triumphs.

INFANTILE PARALYSIS

We are indebted to Dr. John T. Hodgen of Grand Rapids for the following extract from Lockhart's Life of Sir Walter Scott. Dr. Hodgen read it in the course of a discussion of the subject of Infantile Paralysis at the 111th Annual Meeting of the Michigan State Medical Society. In view of the present epidemic the reference to Sir Walter Scott is of more than usual interest.

The history of this disease is not new, as in Lockhart's Life of Sir Walter Scott we find the following, written by Scott: "I showed every sign of health and strength until I was about eighteen months old. One night, I have been often told, I showed a great reluctance to be caught and put to bed, and, after being chased about the room, was apprehended, and was consigned to my dormitory with some difficulty. It was the last time I was to show such personal agility. In the morning I was discovered to be affected with a fever which often accompanies the cutting of large teeth. It held me three days. On the fourth, when they went to bathe me as usual, they discovered that I had lost the power of my right leg. My grandfather, an excellent anatomist as well as physician, the late worthy Alexander Wood, and many others of the most respectable of the faculty, were consulted. There appeared to be no dislocation or sprain; blisters and other topical remedies were applied in vain. When the efforts of regular physicians had been exhausted without the slightest success, my anxious parents, during the course of many years, eagerly grasped at every prospective cure which was held out by the promise of empirics, or of ancient ladies or gentlemen who conceived themselves entitled to recommend various remedies, some of which were of a nature sufficiently singular. But the advice of my grandfather, Doctor Rutherford, that I should be sent to reside in the country, to give the change of natural exertion, excited by free air and liberty, was first resorted to; and before I have the recollection of the slightest event, I was, agreeably to the friendly counsel, an inmate in the farmhouse of Sandy-Knowe. Among the odd remedies recurred to, to aid my lameness, some one had recommended that so often as a sheep was killed for the use of the family, I should be stripped, and swathed up in the skin, warm as it was flayed from the carcass of the animal. In this Tartarlike habiliment I well remem-

ber lying upon the floor of the little parlor in the farmhouse, while my grandfather, a venerable old man with white hair, used every excitement to make me crawl. I also distinctly remember the late Sir George MacDougal of Makerstoun. I still recollect him in his old-fashioned military habit with a small cocked hat, an embroidered scarlet waistcoat, with milk-white locks, tied in military fashion, kneeling on the ground before me and dragging his watch along the carpet to induce me to follow it."

EDITORIAL NOTES

The doctor is no business man. How often have we heard it as an expression of reproach. After what has taken place in the world of business in the past two years we will henceforth accept the insinuation as a compliment.

Mr. George Davis, the author of one of Harper's best sellers, "The Open Door," is a son of Dr. R. A. Davis and a cousin of Dr. James E. Davis of Detroit. The relatives as well as the young author are to be congratulated. This book failed by only one vote of the judging committee of winning first place for a prize of ten thousand dollars. Mr. Davis lives in Paris, where the novel was written.

Medicine has been considered as being built up from contributions of the so-called ancillary sciences, physics, chemistry and biology. The opposite view is more nearly correct. Medicine is the original science and the others named are daughter sciences. It is the mother of all other branches of natural science. Medicine is the oldest inasmuch as the first concern of man was self-preservation. The word *physician* is derived from the Greek *physis* nature, so that originally the physician was a student of nature.

Andre Maurois, the noted French journalist, writing in the Atlantic Monthly pays the following compliment to American diet: "Beware of salads. American salads are culinary heresies. In them you will find slices of fresh fruit criminally soaked in oil, cheese and cabbage gone astray, hearts of lettuce so tough that your knife makes no impression on them." Personally we are inclined to endorse the writer's opinion of this what seems to be peculiarly an American dish. We cannot, however, say that French culinary efforts are entirely to our liking. While on a visit to Paris we had served up for us the brain of a calf neatly sliced by a microtome; all that was wanting was the microscope to enable us to make out the anatomical and histological structure of the specimen.

Mr. J. H. D. Ferguson, for many years an artist to members of the surgical profession of Detroit, is dead. He was a full-blooded Scotchman who, however, was born in India. Before coming to Detroit he was a portrait painter of distinction, having pursued his work in the principal art centers of Europe. Feeling the need of a competent surgical illustrator in Detroit, a number of surgeons sent him to Johns Hopkins University, where he pursued the work of medical illustrating under Max Brodel. This was shortly after the war, since which time until his last illness he made illustrations for many of Detroit's surgeons. A number of his illustrations have appeared in this Journal. His work will be missed, since he showed a remarkably intelligent knowledge of surgical anatomy.

One of the methods of influencing the minds of youth in our early days was the copybook headings in which he copied, sometimes laboriously, bits of wisdom or moral precepts to the effect that "honesty is the best policy" or it may be a philippic with the purpose of promoting temperance, "Strong drink is raging." Kipling has hit upon the idea:

"As I pass through my incantations in every age and race
I make my proper prostrations to the Gods of the market place
Peering through reverent fingers I watch them flourish and fall
And the Gods of the copybook headings, I know outlast them all."

The French are said to have been so impressed with the psychological soundness of the method that they have turned it to a purpose not to promote total abstinence in the way of condemning all alcoholic liquors but to select French wines rather than German wines or Scotch whiskey and English beer. By means of suitable copybook maxims children are said to be taught that Bacchus is the god of French wine and that

it is only the vinous products of other countries that are "raging."

"WEDDINGS ON THE DOLE"

"Many of the 200 or more brides who were married on Saturday during Oldham (Lancashire) 'Wakes' week were starting married life with husbands on the dole.

'Most of the couples drove to the register office or church in gaily decorated taxicabs, attached to which were big cards proclaiming the new found happiness of the occupants. Taxicab drivers in the town had their busiest and most lucrative day of the year."—News item from the *Over-Seas Daily Mail*, London, England.

Comment is not necessary.

ODE TO AN ULCER

Oh, junket is a simple food,
Designed to suit my gastric mood;
It's nourishing and sweetly mild,
It would not harm the smallest child.
I hate it!

Creamed soups are simply swell for me,
They're full of calories, you see;
They will my strength and health restore.
I ought to eat and howl for more.
I hate 'em!

And there's delicious custard, too,
Should make my tummy fairly coo—
And cream of wheat and good rich milk,
And white of egg as smooth as silk
And other things of that same ilk.
I hate 'em!

Now ham is very bad for me,
And beef is oh! so sad for me;
To me a lobster's just a curse
And cigarettes a damn sight worse;
And as for cocktails, good-night, Nurse!
I love 'em.

A. E. THOMAS *in Medical Times and Long Island Medical Journal.*

WEELUM ON USELESS COMMISSIONS

Weel, oor five hunder thoosand dollar commission hae commissioned aince mair. They hae telt us th' noo that oor politicians an' bandits an' police are splittin' fees wi' ane inither. Man, bit thats nae sae guid.

The medical Doctors a' o'er this bonnie country tell us that splittin' fees is nae ethical.

But wha is th' man amung us wha expec'ed onything ethical frae ony o' that bunch o' pussycats wha are meowin' roon' nichts, takin' oor spare tire an' instruments an' whackin' us on th' heid wi' a club when th' policeman is nae lookin' an th' politician hidin' oot wi' his cronies.

We are no questionin' th' commission's findings. We ken that it is a' true. We hae kent that thae three chaps hae been freens this lang time. Th' commission ha'na gi'en' us onything new. Their report is'na worth th' monie. We canna sell it for onything.

We a' ken that eight oot o' ten politicians are saft, an' eight oot o' ten bandits are smart folk, an' eight oot o' ten policemen are simple folk. Noo then, ah'll tell ye what th' commission micht do tae mak their report worth a' this monie an' mair. They micht tell us some way whereby we could droon a' th' eight-tenths o' a' thae kittens.

Ah! Weel, guid nicht.—*Weelum.*

DEATHS

DR. CALVIN R. ELLWOOD

Dr. Calvin R. Ellwood of Menominee was found dead in bed on Friday afternoon, September 18. Dr. Ellwood was born at Waterford Center, Oakland County, on June 24, 1870. He attended the Pontiac High School, graduating with the class of 1889. He entered the University of Michigan in 1890 and was graduated M.D. from that institution four years later. During his senior year in medical college Dr. Ellwood was clinical assistant to Dr. Fleming Carrow, one time professor of eye, ear, nose and throat diseases at the University. Following his graduation he was assistant physician at the Eastern Michigan Asylum for the Insane at Pontiac. Dr. Ellwood specialized in diseases of the eye, ear, nose and throat. He was married in 1897 to Miss Harriet E. Spies of Menominee. During the war he was commissioned as a lieutenant in the Medical Reserve Corps and was assigned to the medical department of the Chemical Gas Defense plant at Long Island. Dr. Ellwood is survived by his widow, a son and daughter and by one brother, C. B. Ellwood of Jackson, Mich.

DR. HARRY W. KNAPP

Dr. Harry W. Knapp died suddenly at his home, 1703 Detroit Street, Flint, Thursday evening, October 8, 1931, of coronary thrombosis. He was born August 9, 1872, at South Lyons, Mich. He graduated from the Detroit College of Medicine in 1903 and practiced in Gaylord five years and in Johannesburg ten years. He served in the Medical Corps of the U. S. Army during the World War from July, 1918, to July, 1919, at Camp Perry in Ohio and Camp Knox in Kentucky. He was a very active member of Genesee County Medical Society with a practice in Flint 12 years. The funeral was at his home Sunday, October 11, with Rev. Lane W. Barton, of St. Paul's Episcopal Church, officiating. Burial was at St. Clair, Mich. The members of the Genesee County Medical Society deeply regret the loss of one of their active members.—*The Bulletin of the Genesee County Medical Society.*

DR. STUART MORTON STUBER

Stuart Morton Stuber was born at Scotville, Michigan, January 13, 1902, and died September 8 at Flushing. The family moved to Clio soon after and here he attended school, graduating from high school in 1920. He then spent one year at Albion and one at Ypsilanti. He taught school at Peck and Montrose two years each following this. He entered the University of Michigan Medical School in 1926 and received his M.D. Degree in 1930. He spent one year as an interne in Hurley Hospital, where he was known for his willingness and conscientiousness in his work. He had just started practice in Flushing when the unfortunate illness came and he died after four days of confinement to bed. He leaves his wife; his father and mother, Mr. and Mrs. A. N. Stuber of Clio; three brothers, Harry, Kendell and Wendell; and a sister, Alberta. —*The Bulletin of the Genesee County Medical Society.*

GENERAL NEWS AND ANNOUNCEMENTS

Dr. Claude Keyport of Grayling was appointed on the Board of Registration.

Mr. Max Wolfson, father of Dr. Victor Hugo Wolfson of Mt. Clemens, died on October 3, 1931.

Dr. F. C. Warnshuis addressed the Bay City Rotary Club on October 27 on the subject "Red Lights of Life."

President Moll's committee appointments are imparted in the minutes of the Council's Executive Committee minutes published in this issue.

Dr. Frank A. Kelly has been reappointed a member of the Michigan State Board of Registration in medicine for the next term of four years.

Note the clinical program for the meeting on November 5 in Jackson, conducted by the Jackson County Medical Society. A cordial invitation is yours.

Dr. Henry A. Luce of Detroit has been chosen as trustee of the Wayne County Medical Society to fill the vacancy caused by the resignation of George Van Amber Brown, who has recently moved to Edinburg, Texas.

Lydia L. Lightring, M.D., Women's Medical College, and recently Professor of Physical Education at Michigan State College, East Lansing, Michigan, and Roland Kalmbach, M.D., were married Sept. 12, 1931, at Jackson, Mich.

Governor Brucker announced the following appointments to the State Board of Registration in Medicine: Drs. Frank Kelly, J. D. Brook, J. Earl MacIntyre, W. Ellwood Tew, and Claude R. Keyport. The first four are reappointments. Dr. Keyport succeeds Dr. W. H. Marshall of Flint, who declined to serve further.

At the bi-annual meeting of the Board of Registration in Medicine Dr. J. Earl McIntyre of Lansing was elected president succeeding Dr. Frank Kelly of Detroit. Dr. J. D. Brook, Grand Rapids, was elected vice president. Dr. Nelson McLaughlin, Detroit, was elected secretary succeeding Dr. F. C. Warnshuis. In conference with the Governor, it was agreed to continue the office in Detroit for a time.

On Dr. Charles Godwin Jennings of Detroit was conferred the honorary degree of Master of Arts at the annual fall commencement of the medical faculty of the University of Michigan. Dr. Jennings is the second physician in this State to receive this honor. The degree was first conferred upon the late Dr. C. B. Burr, a year ago. The address given by Dr. Jennings before the medical faculty and students will appear in the December number of this Journal.

Dr. William J. Stapleton, Jr., 404 West Fort St., Detroit, Michigan, has succeeded the late Dr. Frank Burr Tibbals as Chairman of the Medico-Legal Defense Committee of the Michigan State Medical Society. While this was announced in this Journal at the time of Dr. Stapleton's appointment, it has been found necessary to make the announcement again. Any member of the Michigan State Medical Society threatened with a charge of malpractice should consult Dr. Stapleton, either by letter or by telegram.

Pursuant to the resolution passed by the House of Delegates at the recent annual meeting in Pontiac for the purpose of making a survey of the medical situation as it obtains in this State, the following committee has been appointed by the executive committee of the Council of the Michigan State Medical Society: Drs. Charles J. Kennedy, Detroit, chairman; L. G. Christian, Lansing; W. H. Marshall, Flint; C. S. Gorsline, Battle Creek; J. Milton Robb, Detroit; F. C. Warnshuis, Grand Rapids, secretary, ex-officio. This committee will report at a special meeting of the House of Delegates to be called in January.

The first week in October witnessed the resumption of activities of the county medical societies in this State. The largest Medical Society is Wayne County. The opening meeting on Tuesday evening, Oct. 6, was greeted with a full house. The occasion was a joint meeting with the Detroit Obstetrical and Gynecological Society. After brief addresses by Dr. H. W. Plaggemeyer, President, Dr. J. M. Robb, immediate Past-President, and Dr. H. Wellington Yates, President-Elect, the scientific address of the evening was given by Dr. R. T. LaVake of Minneapolis, Minnesota. The subject of the address was "Important Problems in Obstetrics and Gynecology."

Dr. Walter J. Cree, of Detroit, attended the annual meeting of the Pan-American Medical Association at Mexico City, where he read a paper entitled "The Evolution of Specialism in Medicine and Surgery." Sixteen countries were represented at this meeting. The next meeting of the Pan-American Medical Association will be held at New Orleans. Dr. Cree has spent many winter vacations in Cuba, where he has had occasion to meet a number of prominent physicians in Cuba and Central America including Dr. Agremonte, who became famous in the conquest of yellow fever. Dr. Agremonte's death was announced within two weeks of the meeting at Mexico City.

Dr. William A. Evans of Detroit was honored by being elected to the position of President-Elect of the American Roentgen Ray Society at the annual meeting in Atlantic City on September 24. The American Roentgen Ray Society is the older of the two national organizations of roentgenologists in the United States. One of the chief founders of this Society was the late Dr. Preston M. Hickey, at the time a resident of Detroit and member of the Wayne County Medical Society. Dr. Lawrence Reynolds of Detroit, who has been for several years editor of the Journal of the American Roentgen Ray Society, was re-elected to the position at the annual meeting. The next annual meeting of the Society will be held in Detroit in 1932.

The Northern Michigan Children's Clinic at Marquette, Michigan, according to an agreement between the trustees of the Clinic and the University of Michigan will be operated as a branch of the University Hospital. The Clinic is a coöperative movement in which the University of Michigan Post-Graduate Medical Department, St. Luke's Hospital, and the Children's Fund are concerned. Children who are wards of the State will be treated at

Marquette, and only at Ann Arbor in instances that equipment of the University Hospital is needed. The Northern Michigan Children's Clinic was opened in June, 1931. An account of the opening was given in the July number of this Journal, page 545.

On the evening of Tuesday, October 20, a meeting was held of doctors from Sanilac, Lapeer, Wayne, Oakland, Genesee and Macomb Counties, which partook of a wild duck dinner at Holbeck's Hotel at Fairhaven. After the dinner a social evening was spent in which Dr. Welman, president of St. Clair County Medical Society turned the meeting over to Dr. T. F. Heavenrich of Port Huron, councillor of the 7th district. Among those present who addressed the meeting were Drs. Carl F. Moll, president of the Michigan State Medical Society, J. M. Robb, president-elect of Detroit, Dr. Angus McLean, past-president, Henry Luce, past-president of the Wayne County Medical Society, A. S. Brunk, councillor of the 16th district and C. A. Neafie, councillor of the 15th district, Pontiac.

OAKLAND MEDICAL SOCIETY 100 YEARS OLD

The one hundredth anniversary of the Oakland County Medical Society was celebrated at Pontiac during the week beginning Sunday, September 20.

The program began on Sunday evening, September 20, with a memorial service held in the Baptist Tabernacle. The service was in charge of Reverend H. H. Savage, who paid a glowing tribute to the physicians of Oakland County who had passed to the Great Beyond.

On Monday evening, September 21, the Centennial Banquet was held at Stevens Hall. More than one hundred county physicians, their wives, and guests were in attendance, commemorating the founding on July 14, 1831, of the County Society. The guest speaker was Dr. Clark D. Brooks, Detroit, who chose for his topic "Pioneer Medical Men of Oakland County." He outlined a history of early county medical practice and commended the work of the pioneer doctors. Preceding Dr. Brooks' talk, Dr. Ray C. Stone of Battle Creek, president of the Michigan Medical Society; Dr. Carl F. Moll of Flint, president-elect; James H. Lynch of Pontiac, president of the Board of Education; Harold A. Fitzgerald, editor and manager of the Pontiac Daily Press; Mrs. Frank A. Mercer, president of the county auxiliary; and former senator, A. B. Glaspie of Oxford, were called on for short talks. They were presented by Dr. L. A. Farnham, president of the Oakland County Medical Society. Dr. Brooks was introduced by Dr. Frederick A. Baker, centennial chairman.

Throughout the week the centennial health exhibition was held in the Presbyterian Church, among the agencies participating being the American Medical Association, Michigan State Department of Health, Oakland County Department of Health, Pontiac Department of Public Health, Visiting Nurses Association, Oakland County Chapter of the American Red Cross, Oakland County Chapter of the Michigan Society for Crippled Children, Pontiac Public Schools and the Wilson Foundry and Machine Company.

The closing feature of the centennial celebration was held on Thursday, September 24, in the Baptist Tabernacle, when Dr. Morris Fishbein, Chicago, editor of the Journal of the American Medical Association, delivered a public address on "The Frontiers of Medicine."

The Oakland County Medical Society promoted an essay contest for Oakland County teachers and high school students, the essay to be based on the address of Dr. Fishbein. Prizes totaling $300 are to be given to the winners. Announcement of the names of the winners will be given at a later date. The winning papers are to be published in "Hygeia."

The arrangements for the centennial celebration were under the direction of Dr. Frederick A. Baker of Pontiac.

COMMUNICATIONS

KEEP IN GOOD STANDING IN YOUR COUNTY SOCIETY

The Editor of the Journal of the Michigan State Medical Society:

As usual I read with pleasure and profit the October number of The Journal of the Michigan State Medical Society. Especially do I enjoy your front page messages. The one this month entitled "Why a Medical Society" is especially apropos at this time. Since taking over the Chairmanship of the Medico-Legal Committee (so ably looked after by the late Dr. Frank Burr Tibbals for many years) I have been struck by the increasing menace of suits brought against physicians. As you state, "Affiliation with the County Medical Society means protection, so that in this State the cheapest and most effective medical protection insurance is included in membership in the County and State Medical Societies." This is true. For obvious reasons it is not feasible to give here the number and types of suits brought against physicians. There is hardly a day goes by without a call regarding some phase of malpractice, real or alleged.

The insurance companies doing malpractice work are kept busy, I assure you. No man should lapse his membership in the Medical Society for any reason. The Society acts like the shock troops do in war. "Social medicine demands that we maintain a strong group spirit," I quote again, Sir. This is an essential part of our defense in malpractice cases. The motto "United we stand" is of the greatest value in preventing the bringing of suits against brother physicians. To the physicians I suggest that they all read a new book, "Medical Jurisprudence," by Carl Scheffel, Ph.B., M.D., LL.B., published by P. Blakiston's Sons. It is a small volume and treats the subject in a manner that will at once appeal to the physician, whether general practitioner or specialist. Again, the advice, X-ray in all fracture cases, don't be afraid of employing consultants, take every precaution and keep up your medical society membership and your insurance.

WM. J. STAPLETON, JR., M.D.,
Chairman Medico-Legal Committee.

October, 3, 1931.

Dr. F. C. Warnshuis, Secretary
Michigan State Medical Society
Grand Rapids, Michigan.

My dear Doctor Warnshuis,

I have your letter of September 29th, stating the official action of the House of Delegates of the Michigan State Medical Society at its meeting in Pontiac.

I appreciate this action and will communicate it at once to the State Unemployment Commission.

Please thank the Medical Society for this prompt and helpful proffer of assistance.

Very sincerely yours,
(Signed) WILBER M. BRUCKER.

Proceedings - 111th Annual Meeting Michigan State Medical Society Official Minutes of the House of Delegates Pontiac, Michigan, Sept. 22, 1931

MINUTES OF THE ANNUAL MEETING OF THE COUNCIL

FIRST SESSION

The first session of the Annual Meeting of the Council of the Michigan State Medical Society was called to order at 4:00 P. M. on September 21, 1931, in the Waldron Hotel in Pontiac, by the Chairman, with the following Councilors present:

Henry R. Carstens
A. S. Brunk
J. E. McIntyre
George C. Hafford
C. E. Boys
B. R. Corbus
Henry Cook
T. F. Heavenrich
Julius Powers
Harlen MacMullen
Paul R. Urmston
George L. Le Fevre
Richard Burke
B. H. Van Leuven
J. D. Bruce
C. A. Neafie
R. C. Stone, President
C. F. Moll, President-Elect
F. C. Warnshuis, Secretary

1. Dr. Harlen MacMullen of Manistee was introduced to the Council as the new Councilor appointed by the President to fill the unexpired term of Dr. O. L. Ricker, deceased.

2. The Secretary presented the tentative draft of the annual report of the Council to the House of Delegates. This was discussed paragraph by paragraph, with the making of several changes in phraseology and then upon motion of McIntyre-Heavenrich the Annual Report was approved and ordered presented to the House of Delegates at its first session.

3. The supplementary report of the Council to the House of Delegates dealing with foundations operating in Michigan was discussed paragraph by paragraph and upon motion of Boys-Carstens was approved and was transmitted to the House of Delegates.

4. Dr. B. W. Carey, medical director of the Michigan Children's Fund, appeared before the Council and presented certain proposed plans that were being considered by the Children's Fund relative to diagnostic laboratories in certain selected centers of the state. Following Dr. Carey's presentation there was a general discussion participated in by the members of the Council. Upon motion of Le Fevre-Van Leuven the following expression was recorded:

> The tentative plan presented by the Michigan Children's Fund having in view the establishing of diagnostic clinical laboratories in selected centers, for the purpose of providing diagnostic service in those rural areas that are now deprived of obtaining such modern medical procedures, is received by the Council in a favorable light and the Council is impressed by the possibilities that may arise from this plan.
>
> The Council, therefore, endorses the principle and in developing the details for the establishment of such diagnostic clinics the Council desires to offer the coöperation, assistance and services of the Michigan State Medical Society and recommends that the Council, together with the local profession in the regions affected, be consulted in the advancement of this proposal.

5. The Council deferred submitting nominations for honorary membership pending the action of the House of Delegates upon the recommendation of the Council in regard to amendments to our Constitution and By-Laws that relate to honorary membership.

6. The Secretary was directed to transmit to the House of Delegates the invitation from the Kalamazoo Academy of Medicine to hold our 1932 Annual Meeting in Kalamazoo.

7. The Code of Ethics presented by the Michigan Association of Industrial Physicians and Surgeons was discussed and upon motion was referred to the House of Delegates without recommendation.

8. The Secretary presented a communication from the Officers and Council of the Wayne County Medical Society relative to certain resolutions pertaining to the 18th amendment. Upon motion the Council expressed the sense that this resolution be not transmitted to the House of Delegates.

9. The Secretary presented a communication from the Second District, and the members of the Jackson County Medical Society, relative to a Post Graduate program that is to be instituted in Jackson during November, and containing the request that financial assistance be given for defraying the expense of this Post Graduate Conference. Upon motion of McIntyre-Bruce, an appropriation of $75.00 was made for that purpose.

10. The Secretary presented a communication from the Michigan State Tuberculosis Society in which was contained a refusal to accept the terms formulated by the Council under which diagnostic tuberculosis clinics would be conducted throughout the state. Upon motion duly made the communication was laid upon the table.

11. The Council adjourned at 9:30 P. M.

SECOND SESSION

The second session of the Council was held in the Waldron Hotel, Pontiac, at 12:00 noon, Tuesday, September 22, 1931, with all the Councillors, President, President-Elect and Secretary, present.

1. The Secretary presented a resolution that had been introduced into the House of Delegates by Dr. Wm. J. Stapleton of Wayne County, relative to the investigation of the possibilities whereby the radio might be employed in this state to impart the truths of scientific medicine. Upon motion of Cook-Burke, this was referred to a special committee of the Council, to be appointed by the Chairman, to report at the next mid-winter meeting of the Council.

2. The Whittaker resolution that was introduced in the House of Delegates, calling for a survey of the main agencies now active in the state in some form or other and dealing with medical practice and social service, was discussed by the Council but no definite action taken other than to designate Councillors Carstens and Cook to engage in the discussion of the resolution when it again is brought up in the House.

3. Upon motion of Bruce-Hafford, the Council appropriated $1,000 or a proportionate percentage thereof to defray the expenses of the Michigan commission on infantile paralysis.

4. Upon motion of Brunk-Le Fevre, the Minutes of the Executive Committee as published in the Journal were approved and incorporated as part of the regular minutes of the Council.

5. Upon motion of Urmston-Powers, the Secretary was directed to send mimeographed copies of the Minutes of the Executive Committee to each member of the Council before publication in the Journal.

THIRD SESSION

The third session of the Council was held in the Waldron Hotel, Pontiac, at 6:00 P. M., September 22, 1931, with all the Councillors, President, President-Elect and Secretary present.

1. Upon motion of Carstens-Van Leuven an appropriation of $300.00 was made for defraying the awards of the scientific exhibits.

2. Upon motion of McIntyre-Neafie, a preliminary appropriation of $250 was made to defray the organizational expense of the special committee created by the House of Delegates in response to the resolution that was introduced by Whittaker of Wayne County.

3. Upon motion of Powers-Boys, the Chairman was directed to appoint the judges who were to make the awards of the scientific exhibit.

4. Councillor Brunk raised the question of the designation of the two councillor districts in Wayne County, which at the present time were being designated as districts—1st District A and 1st District B. Upon motion of Carstens-Brunk, the Council designated that portion of Detroit East of Woodward Avenue as District 1, and that portion of Detroit West of Woodward Avenue as Councillor District No. 16.

5. Councillors Van Leuven-Burke, moved the adoption of the following resolution:

> The Council of the Michigan State Medical Society convened in Annual Session records with deep regret the death of their fellow Councillor, O. L. Ricker.
>
> The Council voices its personal and collective appreciation in so far as words can its sincere recognition of the noble, self-sacrificing services that Doctor Ricker rendered to humanity, to communal life and to the furtherance of the ideals of organized medicine.
>
> Therefore Be It Resolved, that the Council does hereby record its recognition, engross it upon our records and preserve in our archives this memorial of a life that exemplified such noble traits.

FOURTH SESSION

The fourth session of the Council was called to order in the Masonic Temple, Pontiac, at noon, September 23, 1931.

1. Upon motion of Powers-Heavenrich, the Secretary was directed to cast the ballot of the Council for B. R. Corbus as Chairman, and Henry R. Cook as Vice-Chairman. The Secretary did so cast and these officers were declared elected for the ensuing year.

2. The Chairman of the Council discussed the question of the personnel of the Executive Committee, and stated that inasmuch as the Executive Committee would hold over until the Mid-Winter session of the Council, he desired the Councilors to consider suggestions for presentation as to who shall constitute the Executive Committee of the Council.

3. The Chairman requested the Councillors to submit names for appointment to the special committee created by the Whittaker resolution, and stated that same would be considered by the Executive Committee and the appointments made from the list of names so submitted.

There being no further business the Council adjourned to meet in mid-winter session at such date and place as the Chairman designates.

F. C. WARNSHUIS, *Secretary.*

MINUTES OF HOUSE OF DELEGATES

First Session

TUESDAY MORNING SESSION

September 22, 1931

The first session of the Annual Meeting of the House of Delegates was called to order by Speaker Pyle at ten o'clock on the morning of September 22, 1931, in the Masonic Temple, Pontiac, Michigan.

Speaker Pyle: Gentlemen, will you please be seated so we can call this meeting to order?

Is the Credentials Committee ready to report, Dr. Hasley?

I might mention that Dr. Stapleton is unable to take his position as Chairman of the Credentials Committee, so the chair appointed Dr. Hasley.

Dr. C. K. Hasley (Wayne): Mr. Chairman, the report of the Credentials Committee is as follows: Fifty-three qualified delegates have registered, and thirty-six constitute a quorum.

Speaker Pyle: We will now listen to the roll call.

Secretary Warnshuis: Mr. Speaker and Members of the House: I hold in my hand the signed roll call of forty-four accredited delegates. I move, sir, that this constitute the first roll call of the house.

The motion was seconded, put to a vote and carried.

Speaker Pyle: We will now listen to the minutes of the previous meeting.

Secretary Warnshuis: The minutes of the last annual session were published in the Journal. No delegate has advanced any corrections or made any suggestions as to changes in the minutes. The opportunity now exists for making any such suggestions, and if there is none, then the Speaker should entertain a motion for the adoption of the minutes of the last annual session.

Dr. Biddle (Wayne): I move they be adopted.

The motion was seconded by Gorsline of Calhoun, put to a vote and carried.

Vice Speaker Dutchess assumed the chair.

Vice Speaker Dutchess: We will now listen to the Speaker's Address.

Speaker Pyle read his prepared address:

SPEAKER'S ADDRESS

Gentlemen: The program of the 111th Annual Meeting of the Michigan State Medical Society re-

veals some inconsistent situations. In looking over the schedules as given in the last number of our State Journal I noticed that the surgeons would meet in the Baptist church and the internists in the Presbyterian church, while we, the House of Delegates, were to meet in a home of a fraternal society. Furthermore, I noticed that the first general session was to be opened with words of prayer by a clergyman. It seems that we are to struggle along without Divine guidance, in spite of the fact that I consider the House of Delegates the most important branch of our Organization.

Since starting the practice of medicine twenty-four years ago I have always been a firm believer in Organized Medicine. I cannot go into detail as to the extent of the accomplishments of Organized Medicine in the interest of Michigan's population. It would be much easier to mention some of the things that irregular practitioners have not done. During the past few months we all have been reminded of our duty to the public. I have in mind our infantile paralysis campaign. I call it *our* campaign because without our Organization the public health officials would be seriously handicapped. However, our rank and file has stepped in to do everything possible, not only to provide the means of treating the victims of this malady, but also to prevent further spread of the disease. Can you imagine what would happen to a large number of individuals in this Commonwealth if it were not for the Michigan State Medical Society? Gentlemen, you should feel honored in having been chosen by your respective counties to be seated here as delegates. This assembly represents for the present the very foundation of Organized Medicine in this state. If you stop to consider, you will realize that our Organization has always had public health welfare as its primary consideration, and you can readily see that I consider it a great responsibility and honor to be called upon to preside over this assembly.

For the past one hundred years Organized Medicine in Michigan has been endeavoring to do all it can to prevent the spread of communicable disease. As individuals we have tried our best to instruct our patients how to prevent disease, but as an organization, too, we have been absolutely unselfish in trying to cut down the incidence of morbidity, and in that way we have reduced our own financial income. Yet, there are those within our own professional ranks who will refer to anyone holding a position in Organized Medicine, whether it be President of the A. M. A. or Secretary of a county society, as a politician. Gentlemen, let me admonish you again, no matter where you worship, be it in cathedral, church, synagogue or under Heaven's blue dome, to make Organized Medicine at least a part of your religion, because it has always worked for the good of mankind.

To come back to the scourge of infantile paralysis, does the chiropractor, osteopath or Christian Scientist do anything to stop this plague? No. Yet, are not they the very ones who will receive the greatest financial gain? First of all, the chiropractor, no doubt, will be jumping over the frames of those who live and are left with useless limbs. God forgive them! It would be charitable to say that "they know not what they do." They know not the difference between hyperplasia and hysteria. Fond parents will drag their paralyzed offspring to the work benches of these long-haired artists, all to no avail, and leave their hard earned dollars; and possibly part of each dollar in turn will go toward undoing much of the good that Organized Medicine has accomplished in this State. And then some M.D.'s even consult with them! Personally, I would rather be seen on the streets with a fishwife.

How are we to meet this situation? You, as delegates, can do a great deal. If it is a fact that the Michigan State Medical Society is an altruistic organization, go back to your respective communities and do everything to uphold it. See to it that every M.D. worthy of the title joins your society and takes an active interest in it. I have been led to infer that those with the largest incomes take the least interest in county doings. If this is true, an effort should be made to arouse their interest. I have been advised that hundreds of our members have been unable to pay their society dues. In this I see a great danger. Steps should be taken to retain these members. It would be a noble act, indeed, if the small group in our profession who have prospered financially would alleviate this condition by providing a fund so that those in arrears may enjoy their full privileges.

During the past year our society has lost many members through death. This year we will miss many who have been particularly active, and, although time will not allow a lengthy eulogy, we might mention Doctors Hornbogen, Sawyer, Tibbals, Burr and Riker. A composite picture of these five men would give one a good idea, in a glance, of the stuff of which good doctors are made. It is a strange fact, indeed, that the stormy Hornbogen, whose life was prolonged for many years of usefulness through one of the great discoveries of medicine, insulin, should be felled down by a murderer's bullet. Dr. Hornbogen had a way all his own, and although we might disagree with him at times, he was always sincere. We shall miss both his growl and his smile. Sawyer, who was interested in education; Tibbals, who was our faithful legal adviser; the dignified Burr, who put in order disordered lives; Riker, the quiet, unassuming gentleman who was so respected; all were men of true worth. Let us remember them always and carry on with zeal the sincere interest which they displayed in the efforts of Organized Medicine.

There is one interesting observation that I would like to make before concluding these remarks. During several years of experience in this House of Delegates I have noticed that at times we have been surrounded by some of the state's hoary seers of medicine who had arrived before the opening of their scientific sections; some peering through doorways, others standing in the rear of the assembly room, and still others sitting on windowsills. Possibly some of these learned men come "to mock and not to pray," so it behooves this assembly to exercise a proper degree of decorum. I trust that our deliberations will be orderly and that all discussions will be clear, coincise and to the point in question. Many problems confront us and we must not waste our time on irrelevant matters. Your Speaker appreciates the hearty support and loyal coöperation given him in the past and begs the same consideration during these sessions.

Vice Speaker Dutchess: The Address of the Speaker will be referred to the Committee on the Reports of Council and Officers.

Speaker Pyle resumed the chair.

Speaker Pyle: The next item is the report of the President, Dr. Stone.

PRESIDENT'S ADDRESS

Mr. Speaker, Members of the House of Delegates: Ever since I can remember, it has been the custom for the president to prepare an address for presentation to your body. It was my intention to do that same thing. When I received a few days ago or a few weeks ago the report of the Council, which

is to be presented to you shortly, it had covered so thoroughly and so beautifully the activities of the past year, and possibly some future activities, that I thought possibly it would be just as well for me to have a little informal talk with you upon some of the observations which I have made during the past year.

I want to indorse most heartily everything which your Speaker has said in his splendid address to you. I also want to commend the officers, the Council, the delegates, and the various committeemen for their splendid activities throughout the year. On the part of everyone throughout Michigan, so far as I know, the spirit of coöperation has been one of harmony, and almost always of unity. That, of course, is the only way the Michigan State Medical Society or any other organization can progress.

One of the subjects which I thought it would be well to bring out to you this morning is the question of the Upper Peninsula. It was my privilege last month to attend the meeting of the Upper Peninsula Medical Society at Houghton, and the month previous to attend the dedication of the Marquette Clinic.

I came in close contact with men all over the Upper Peninsula, and I want to say this to you men, that in your deliberations, in the development of your programs, and in all of your activity, you must always, for the sake of harmony in Michigan, consider the men of the Upper Peninsula. They are a fine, splendid, well qualified group of professional men, isolated, as you know, by a great distance from the Lower Peninsula.

I think, in that connection, I will mention here the question of your annual meeting. It has been the policy of this organization to meet in three or four of the largest cities of the Lower Peninsula, ordinarily, and I think that policy is the correct one. There are only three or four of the largest cities of the Lower Peninsula which have the facilities, the meeting places and the hotel accommodations, which will lead to a successful meeting of this body, and you must always plan to select your meeting place with that in mind, because if you are going to meet haphazardly here and there without suitable accommodations, it will not be long until your meetings will become certainly less attended, and to connect that up with the Upper Peninsula, in justice to the men up there who have to travel great distances, once in four, five, six, or seven years, you should make it a point to get near enough to them so a larger percentage of their group can attend your meetings. And I hope in your contacts as you go through Michigan, and especially the upper part of Michigan, you will make better and firmer contacts with those men up there.

Your Speaker alluded to the recent activity against poliomyelitis. About five or six weeks ago, Dr. Bruce, Dr. Pritchard, and your President, were asked to attend a conference with the officials of the Department of Health, to consider the question of infantile paralysis. After a brief survey of the conditions then existing in Michigan, and summarizing the conditions as they existed in the eastern part of the country, going over the history of previous years, it looked as though Michigan were in for many more cases than their normal in this present year.

We found at that time, in our judgment, a serious emergency facing the people as well as the profession of Michigan. As a result of that meeting, representatives of other groups were invited to attend a meeting on two or three succeeding days, and eventually a Commission on Infantile Paralysis in Michigan was developed. I do not need to detail the program as it was developed by that organization. All you men have had the literature from it, literature coming out from the Secretary's office. But, I want to say this to you: as that program has developed, never, since I have been connected with this organization, have I seen the medical profession come up more quickly, more actively, and more efficiently, backing up a program, than they have in that. I think it is to the credit of the profession of Michigan that they responded so beautifully.

On the other hand, the laity, the public, has responded equally well, and we believe as the result of the formation of that Commission and the program which was established, that many children in Michigan have been saved the horrible late results of poliomyelitis, and I want to express my appreciation to you men for the support which you have given that program.

The last subject that I want to speak briefly about is rather a difficult one for anyone to discuss, and that is the question of legislation. I want to commend first the very enthusiastic, untiring effort which the Legislative Committee of this past year put forth. Never since I have been connected with organized medicine in Michigan has any legislative committee put in the time and effort in endeavoring to keep, not only the Committee, but the members of the profession, and the offices, posted on the situation as it existed in Lansing. I think we were extremely fortunate in this last session of the Legislature in having a committee of that type. I am not going into detail about any of the bills which were presented or discuss any of them.

As you know, as the result of the activity which has taken place at Lansing during the last three or four sessions of the Legislature, there has been a committee appointed, or a commission, call it what you please, consisting of three members of the House and four members of the Senate. That committee is to endeavor to review the medical acts of Michigan and come back and report to the next session of the Legislature on some type of program which they think will take care of the practice of the healing art for time eternal.

What that committee will do nobody knows. I think it is essential, for the best interests of the Commonwealth of Michigan and for the best interests of the medical profession, that if there is any way in which we can give this commission the results of our observations in an unbiased and a diplomatic way, it should be done.

The next session of the Legislature no doubt will see as many, and maybe more, bills presented than it ever has, and if possible we should be in a position to exert a little influence in that body. As I see it, the one greatest need in the medical profession today is the development of a higher degree of leadership in every community, on the part of the medical men. As medical science has progressed and the keen interest which the medical men have taken in the art has carried on along with it, it seems to me that the professional men have not taken as active a part in the civic, industrial, economic, and cultural activities of their communities as they might have, and consequently, not having taken that active part, we have not in the last fifteen or twenty years been developing the leadership in those communities which we should have.

If we are going to have influence in the economic, political, and other phases of our life in Michigan, we as medical men must take a more active part in all of the activities in our own communities, and I urge upon you to consider this seriously and to put forth every effort possible in every community in Michigan that you may develop a greater leadership.

In conclusion, I wish to express to the House of Delegates my very deep appreciation for the privilege which you gave me last year and the pleasure I have had, and the honor, in serving as your president during the past year. It has been a distinct

pleasure to me, and I think has probably meant more in profit to me than to you.

I thank you.

Speaker Pyle: Our President's Address will be referred to the Committee on Officers' Reports.

We will now listen to the President-Elect's Address, Dr. C. F. Moll.

PRESIDENT-ELECT'S ADDRESS

Mr. Speaker, Members of the House of Delegates: If some of the remarks I make are duplicates of your Speaker's and President's addresses, I hope you will only construe them as adding double emphasis to the seriousness and importance of these matters that are being brought up.

It has been my duty as well as pleasure to address this body on numerous occasions, but never before have I felt that we have had so many vital problems confronting us as we have today, problems not only of a scientific nature, but of a social and economic character, and as this assembly deals largely with the economic side of the practice of medicine, the major portion of my remarks will be along these lines.

In my Speaker's address to you at the Grand Rapids Session held in 1923, I made the recommendation that our annual dues be raised to $10.00 per year, in order that we might have an adequate fund at our disposal, to carry on in a larger way our post-graduate conferences and other activities which were then under consideration. These recommendations were adopted by your House of Delegates and the annual dues have since remained at this figure. That this was a wise move on your part is borne out by the well acknowledged fact that we have been able to give you post-graduate teaching of the highest character, and that at a minimum of expense and effort on the part of the practitioners of this state. We have "Carried the message to Garcia."

These extra dollars have also helped make it possible for your editor, business manager and publication committee to produce a Journal which in my opinion has no peer among State Medical publications. And in addition to these accomplishments we have been able to accumulate a healthy surplus.

The question has been raised that, owing to the reduced incomes of practically every member of this society, would it not be a proper time to, temporarily at least, lower the dues to their former figure? This matter has been given much serious consideration by the various members of the Executive Committee, and it is deemed inadvisable to recommend any change at this time. While it is true we are, at present, in a good financial condition, we are "carrying" for the year 1930-1931 over 600 delinquent members (this means that they are not only getting the Journal but will be protected if threatened by a malpractice suit by our Medical League Defense Committee) and judging from the present outlook this number may reach the thousand mark before the end of another year. Still another factor which has a bearing on this condition is the tending of some of our old advertisers to cut down on their space or to give up their present space on the expiration of their contracts. To what extent our source of revenue from this direction will be curtailed, it is impossible to say at present, but it is a factor we must bear in mind when making any financial plans for the future.

One year ago you adopted a new constitution; while there were not many radical changes, yet all that were made, after a year's trial, seem to have been made for the best. The one outstanding change, and the only one that I can really speak of from personal experience, is the creation of the office of President-Elect. This was a forward move in the right direction. I have attended nearly all of the meetings of the Executive Committee. I met several times with the Legislative and other committees, and were it not for this year's preparation and the various contacts made, I could be greatly handicapped in carrying on during the coming year. While the office of President of the Michigan State Medical Society is largely an honorary one, however, he has at this time the privilege of giving your House of Delegates some timely advice. It is your duty under the constitution to elect the officers of this Society. Most important as far as the welfare of the Society is concerned is the personnel of your council. The council through its Executive Committee is the real power in the State Society. They direct all of its many activities. Your secretary, editor, treasurer, are all directly under their supervision and control, and I consider it to be one of your outstanding actions to see that you elect only men of the highest standing and proven ability to fill these positions. "A chain is only as strong as its weakest link."

The Legislative Committee appointed by President Stone and acting under the instructions as outlined by your House of Delegates at its last Session, is to be especially commended for its thorough, painstaking and arduous labors. No Legislative Committee of our State Society has ever been so thorough in its work, so keen to sense the import of bills introduced, as to their bearing and relations to public health. Their recommendations and endeavors bore fruit in a resolution introduced in the House and later approved by the Senate, providing for the appointment of a committee of seven members of the Michigan State Legislature to study and adjust the present and proposed law concerning the practice of the Healing Art. This matter is gone into with much detail in the Committee's report and after a careful study of the same it is quite obvious that it is of the utmost importance that our present Legislative Committee should be continued in active service so that their advice and counsel may be available to the Joint Committee of the House and Senate.

We are well aware that much of the faulty medical legislation in the past was due to the fact the legislator received his information from cultists rather than from properly and authentically prepared data. And during the interim they will be better prepared to safeguard our interest in the next Session of the Legislature.

I was asked by my friend, Dr. Harrison H. Shoulders of Tennessee, to call your attention to the following resolutions which he introduced in the House of Delegates of the A. M. A. in Philadelphia last June.

WHEREAS, The federal government has inaugurated the policy of rendering medical and hospital benefits to veterans of the World War with non-service connected disabilities; and

WHEREAS, This policy was inaugurated over the opposition of the American Medical Association; and

WHEREAS, The policy now in force, if carried to its logical conclusion, involves the construction, the staffing, and the maintenance of a sufficient number of hospitals to accommodate the hospital needs of all the veterans of the World War; and

WHEREAS, Such a policy places the federal government in unnecessary and unjust competition with the civilian hospitals and the medical profession of the United States; and

WHEREAS, The present policy is of unequal benefit to veterans by reason of the fact that many disabled veterans cannot (for one reason or another) avail themselves of the benefit; therefore be it

Resolved, That the House of Delegates of the American Medical Association petition the Congress of the United States and the American Legion to abandon the policy of rendering hospital and medical benefits to veterans of the World War with non-service connected disability, and substitute therefor a plan of disability insurance benefits with the following provisions:

First, the creation of a Bureau of Disability insurance in the Veterans' Bureau as now constituted.

Second, the issuance of a disability insurance policy to

each veteran with a disability benefit clause, as follows:

(a) The payment of a weekly cash benefit during a period of total disability, and

(b) The payment of liberal hospital benefit sufficient to cover the hospital expenses of a veteran during a period of hospitalization for any disability. Such benefits to be paid to a veteran on satisfactory proof of total disability, and

(c) Such other provisions as are necessary for the proper administration of the act.

Be it further

Resolved, That the proper officers of this association be instructed to approach the officers of the American Legion with the view to securing the adoption of the policy above set out as a part of the legislative program of the American Legion, and be it further

Resolved, That each state medical association be requested to form a committee whose duty it will be to approach the state and local Legion posts throughout the country with a view to securing the adoption of this program by them.

This resolution elicited much favorable and but little unfavorable comment throughout the land. It is one involving the fundamental principles of government and has an especially vital economic factor in its bearing and relations to the Medical Profession.

I desire at this time to call to your attention an opportunity, yes, more than an opportunity, a duty, an obligation that you owe your fellow members. We have now in the State of Michigan a number of Associations and Foundations, whose various activities are directed towards the betterment of the social and health consideration of its people. We have been invited to coöperate with them in their undertakings. Our advice and help has been sought to further these ends. The door is open for a united profession to enter and direct. Let us be prepared and willing to assume this obligation.

Speaker Pyle: The President-Elect's Address will be referred to the Committee on Officers' Report.

Next we will listen to the annual report of the Council, by Dr. Corbus.

ANNUAL REPORT OF THE COUNCIL TO THE HOUSE OF DELEGATES

Gentlemen: The Council submits this as its annual report imparting a review of its activities and stewardship as well as incorporating therein certain comments and recommendations for your consideration.

Membership

A membership of 3,074 members with 449 delinquents is recorded by the following county Societies on Sept. 1, 1931.

Membership—Michigan State Medical Society

County	*Paid*	*Delinquent* September 18, 1931.
County	Paid	Unpaid
Alpena	14	1
Antrim-Charlevoix-Emmet-Cheboygan	20	3
Barry	12	
Bay	61	4
Berrien	30	16
Branch	12	1
Calhoun	99	7
Cass	11	
Chippewa-Mackinac	15	1
Clinton	13	2
Delta	21	2
Dickinson-Iron	18	3
Eaton	16	2
Genesee	128	16
Gogebic	19	7
Grand Traverse-Leelanau	26	2
Gratiot-Isabella-Clare	26	
Hillsdale	20	
Houghton	42	1
Huron	8	1
Ingham	90	6
Ionia-Montcalm	34	3
Jackson	70	11
Kalamazoo	121	
Kent	188	29
Lapeer	24	1
Lenawee	33	3
Livingston	10	2
Luce	9	
Macomb	32	7
Manistee	14	
Marquette-Alger	33	3
Mason	10	2
Mecosta	20	
Menominee	12	
Midland	9	1
Monroe	31	5
Muskegon	67	1
Newaygo	10	
Oceana	7	
Oakland	88	26
O. M. C. O. R. O.	11	
Ontonagon	6	
Ottawa	27	1
Saginaw	69	5
Sanilac	6	
Schoolcraft	4	
Shiawassee	29	1
St. Clair	46	2
St. Joseph	14	3
Tri	18	
Tuscola	24	3
Washtenaw	108	7
	1885	191
Wayne	1189	256
	3,074	449

The Council has viewed with sympathetic concern the effect of the world-wide depression upon our members. The Council recognizes that those who are now delinquent by reason of financial reverses have in many instances, in years past, materially contributed toward causing our Society to attain its present position. Your Council feels it would be unjust to now suddenly terminate their affiliation. Therefore, the Council has directed its Secretary to extend Journal subscription and legal protection for the current year to those in arrears by advancing credit for one year in which to liquidate their financial indebtedness.

EXECUTIVE COMMITTEE

The Executive Committee has met monthly with the officers of the Society for the direction and furtherance of the Society's interests and business. The minutes of each meeting have been published in the JOURNAL.

SPECIFIC ACTIVITIES

(A) On two occasions the Council has met with the Joint Committee on Public Health Education for conference and the formulation of a yearly program for this important educational committee.

The Council recommends that County Societies and members accord a more hearty and aggressive support to the work of this committee. The Joint Committee is an influential factor in moulding public opinion upon all matters of health and accomplishes much to prevent pernicious practices as well as to guide the public.

An arrangement is now in effect whereby a health column is provided for every newspaper in the state that applies for the service.

The lectures given to high school students go far toward building sound public opinion in regard to public health and scientific medicine.

The Joint Committee has arranged with state educators to include a comprehensive health course in our public schools.

Delegates are referred to the Minutes of the Joint Committee as published in the JOURNAL.

(B) Desirous of establishing closer contacts and helpful assistance to the several Foundations operating in the state and with the State Department of Health in establishing and operating County Health Units, the Council held a special meeting on May 19, 1931. To this meeting there were invited representatives from the Michigan Children's Fund, Kellogg Fund, Michigan Tuberculosis Society, State Department of Health and the State Sanatorium Commission. The discussion engaged in was published in the July JOURNAL.

Subsequent to this discussion a questionnaire was

sent to County Societies and members. In a supplemental report the Council will transmit to the House of Delegates its findings and comments for your consideration.

The Children's Fund and the Anti-Tuberculosis Society, desirous of maintaining a close liason with the profession and coöperate with our Society, extended invitations to appoint representatives upon their advisory boards. Responding to this invitation the Council designated its Chairman to so represent our Society.

UNIVERSITY HOSPITAL ANALYSIS OF ADMISSION STATISTICS

	Monthly Average 9 mo.—May, 1926, through Jan., 1927	Monthly Average 12 Mo.—July, 1929, through June, 1930	Monthly Average 6 Mo.—July, 1930, through Dec., 1930	Increase Column 3 over Column 1	Decrease Column 3 under Column 1
GROUP I					
State Patients: Those patients hospitalized by the Probate Court under various state acts. Act 267 provides for the hospitalization of adults. Act 274 provides for the hospitalization of children. The other acts provide for the hospitalization of transfers from state institutions and other small indigent groups. Acts 236 provides for the hospitalization of crippled children. However, most of the probate judges convey crippled children to the Hospital under Act 274. The large increase in admissions under Act 274 is largely due to the increased number of crippled children treated.					
Act 267	504	418	468		7%
Act 274	276	498	647	134%	
Act 281		3	3		
Act 115		3	4		
Act 236		5	13		
Act 274A		2	6		
Group total	780	929	1141		
GROUP II					
County Patients: Those patients who are sent by the Superintendent of Poor and whose hospital expenses are guaranteed by the county in which the patient resides. The increase in this group offsets the decrease in 267 patients under Group I. Certain counties have sent patients under authorization of the Superintendent of Poor rather than as formerly by court order under Act 267.					
County patients	14	93	144	928%	
GROUP III					
Students in attendance at the University of Michigan or the Michigan State Normal College of Ypsilanti.	2	18	5	150%	
GROUP IV					
Persons bringing letters from their regular medical attendants, recommending their admission.					
With letter	97	95	69		29%
With Doctor	31	15	13		58%
Verbal refer	33	35	45	36%	
Group total	161	145	127		
GROUP V					
Persons who can truthfully sign an affidavit that they are unable to pay the usual minimum fee charged by the Medical Profession outside the hospital.					
Affidavit	289	225	199		31%
Private guarantees	20	11	5		75%
Group total	309	236	204		
GROUP VI					
Persons who are able to pay in addition to their hospital charges fees for Professional Services may be admitted to the Services of Medicine, Surgery or X-ray. The decrease in this group is particularly satisfactory.					
B	64	29	21		67%
C	4	2	2		50%
D	0	0	0		
Group total	68	31	23		
GROUP VII					
Doctors and Doctors' dependents	10	6	4		60%
Nurses, stdt. nurses, employees	56	52	40		29%
Group total	66	58	44		
GROUP VIII					
Emergency	67	64	58		13%
Guests	4	10	6	50%	
Group total	71	74	64		

RECAPITULATION

	Monthly Average 9 mo.—May, 1926, through Jan., 1927	Monthly Average 12 Mo.—July, 1929, through June, 1930	Monthly Average 6 Mo.—July, 1930, through Dec., 1930	Increase Column 3 over Column 1	Decrease Column 3 under Column 1
Group I	780	929	1141	48%	
Groups II and III	16	111	149	831%	
Group IV	161	145	127		22%
Group V	309	236	204		34%
Group VI	68	31	23		66%
Group VII	66	58	44		33%
Group VIII	71	74	64		10%
Total	1471	1584	1752	19%	

POSTGRADUATE HOSPITAL

The Council in conjunction with the Department of Post Graduate Medicine of the University has continued to make available opportunities for postgraduate work and instruction. Several course clinics have been conducted in Detroit and Ann Arbor. Regional programs have been arranged.

The Council recognizes this to be an outstanding responsibility. It purposes to press forward as rapidly as possible to provide postgraduate instruction opportunities of the highest type and the widest range for our members in Michigan.

The Council feels that the future relationships of the profession and the public will be materially guided and governed by the type of service that we render and make available. The public does and will continue to demand that there be made available to them that which present day scientific medicine possesses for their physical well being. As has been said, when we individually and as a professional group deliver a high type of service we shall go far in circumventing the institution of undesirable plans of medical service groups and also negative the representations that are attempted by irregular practitioners.

With your approval the Council purposes to undertake as rapid an expansion of postgraduate instruction opportunities as conditions warrant and means are available.

MEDICO-LEGAL

The Council deeply regrets to report the death of Dr. Frank B. Tibbals, who for so many years so efficiently directed the work of our Medico-Legal Committee.

As his successor, Dr. Wm. J. Stapleton, Jr., has been appointed.

During the year an increasing demand has been made for legal defense. The Council takes pleasure in noting the effective work of the Committee. Assurance is given that the work of the Committee will be continued to full functioning efficiency and that the protection accorded may be confidently relied upon.

COUNTY SOCIETY ACTIVITIES

On the whole our county units are in a healthful condition. While a few are and always will be somewhat dormant, aggressive active work is in evidence in the majority of the local societies.

The Council points out anew that the County Society is the profession's expression of unity of purpose and leadership in all matters pertaining to health and medical practice. As such it merits the cohesive loyal support of every member. Cause it to be a factor in your county by exercising and evidencing wholesome influences. Participate and contribute to the community movements that are undertaken or in existence. Submerge individual opinions outside of your meetings. Endorse and stand back

of the policies and principles enunciated by your County Society. Such unity will achieve. Such cohesiveness will accomplish desired ends and solve local problems. Dissension or controversial opinions negative efforts and reflect harmfully upon you as an individual and your society as a group. Your County Society is the spokesman for your profession in your county and to make it influential the individual must not be a public dissenter. A militant, united, ambitious organization that has the undivided loyalty of all reputable physicians will insure the realization of our ideals and secure our economic status. Defending the public against the destructive influences of quackery and fanciful theories, maintaining traditions of our profession, and exhibiting scientific advancement will enable us to go through this period of readjustments with our status in the social world maintained in satisfying degree.

WOMEN'S AUXILIARIES

Your Council recognizes the helpful activities that may result from a well directed program executed by state and county auxiliaries. We endorse and recommend these sister organizations. Their principal activity should consist of imparting to their community the truths of scientific medicine and its value in conserving and enhancing physical well being. Auxiliaries can exercise a wholesome influence in molding public opinion and in resisting the endeavors of those who promulgate fanciful theories or who attempt the organization and sponsorship of unrecognized health movements.

The Council recommends that County Societies foster the organization of a local auxiliary and lend all possible assistance in furthering its activities.

ANNUAL MEETING

Requirements for our annual meeting are exacting. Only a few cities in the state are able to meet our needs. The Council does urge that careful consideration be given to the available facilities ere annual meeting places are designated.

The Council recommends a discussion, and, if agreeable, definite action on the question of limiting section meetings to one day of two or possibly three sessions and devoting the second day to a general meeting with a program of case demonstrations and half hour discussions given by a selected list of recognized clinicians. The Council solicits your instruction as to so changing our scientific program.

LEGISLATION

The Council has endeavored to lend every possible aid to the legislative committee. We recognize with all appreciation the time contributed by the members of this committee. At great personal sacrifice they gave of their time and diligently sought to exercise honorable influences to guide legislation. The society is deeply indebted to these members, who merit our grateful thanks.

It is quite apparent that authoritative recommendations based upon educational and scientific experiences, economic factors and present day health essentials are given scant if any consideration by legislators. Our society has assumed a definite policy and in specific instances we assume a definite position in legislative affairs. It is a matter of serious concern and deep regret that when our position is defined it is often repudiated by individual members. Our quests are thereby defeated and our influence is negatived.

The House of Delegates and the Council with the Legislative Committee formulate our legislative program and diligently strive to attain legislation that is constructive and to the health welfare of the people. When such a program is agreed upon it is most embarrassing for individuals or groups to record dissent and issue and utter statements that are controversial. These minority opinions furnish arguments that are used to defeat bills and aid in passing untoward laws.

The Council recommends a continuation of our legislative policy. We urge a more intensive county society participation and support. We further recommend extended study of the facts involved in enactments sought before an individual or group express opinions. Our successs in aiding desirable legislation and in defeating adverse bills depends upon a unity.

CORPORATION PRACTICE

In July of this year the problem of corporation and contract practice presented itself. A Michigan corporation, with lay sponsorship, was organized. The local society was requested to conduct an investigation and present facts. Legal opinions are being obtained.

The Council views the situation with grave concern. It perceives an intolerable condition if corporations are permitted to undertake medical practice.

With your approval the Council purposes to intensively investigate and survey the principles and facts involved, and, if judgment indicates, to resort to legal methods to terminate the establishment of such corporations for medical practice.

Solution of the problem would be easy did doctors decline to become the paid employees of corporations. Unfortunately there are those who ignore the principles involved and sell their services to these corporations, enabling the stockholders to receive financial profit.

The Council bespeaks support in its efforts to solve this situation.

THE JOURNAL

Our official publication continues to be a source of pride. The Council and Editor diligently strive to cause it to be helpful to every member in his practice. It is also a medium for imparting to our members dependable information related to scientific progress and organizational activities. The Council recommends to the members that they acquire a purpose to devote more time to the study of its pages and to daily utilize the information that is contained in each issue.

HONORARY MEMBERS

The Council recommends the following amendment to the Constitution:

Article III, Section 1. In second line after honorary members insert the words "Members Emeritus," and add the following new section as section 6 to Article III.

> "Section 6: Emeritus Members: Any member in good standing and of good repute who has maintained an active county society affiliation for twenty-five years and has attained the age of 70 shall automatically become a Member Emeritus. Members Emeritus shall hold all the privileges of membership, including the Journal, and shall be relieved of paying the annual dues of this Society."

The Council is of the opinion that our honorary members should be distinguished members of the profession as defined in Section three. Second, that members who have maintained affiliation for twenty-five years and are of the age of 70 should have provision made for relieving them from the payment of dues and still continue to retain all the privileges of active membership.

CLINICS AND CARE OF INDIGENTS

Your Council has assumed the position that it is the responsibility and duty of the county society to

solve its communal problems as related to clinics and care of indigents. Conditions in one county are different from those in another county, precluding a uniformity of policy. Your Council in consequence has not sought to initiate any general program. It stands ever ready to aid in an advisory capacity.

Your Council does urge that County Societies interest themselves in this economic problem. It is recommended that selected representatives confer with local officials and organizations for the purpose of agreeing upon a plan of action and supervision of clinics and the rendering of medical and hospital care to the needy and indigent.

ILLEGAL PRACTICES

It is estimated that there are seven hundred violators of the medical laws of this state. Many licensed and unlicensed drugless practitioners and separate cults daily violate the law. The Registration Board and our Secretary receive weekly numerous complaints and doctors often inquire as to why these violations continue and why steps are not taken to terminate them.

Enforcement of the laws is delegated to the County prosecutor, sheriff and police officers. No authority or funds are provided to any Board or department to conduct investigations and institute prosecutions. Those charged with enforcement fail to discharge their duty.

In certain cities and localities health department investigators and the Board of Registration have been able by fortunate circumstances to secure warrants and obtain verdicts of guilt. Lack of funds and authority prohibits a sustained movement of enforcement.

The Council holds that this Society should not undertake police power duties. We can and will exercise influence to induce enforcement of the law, but to undertake investigations, securing witnesses and requesting warrants is not a Society function.

Respectfully submitted,

B. R. CORBUS,
Chairman.

You will remember that some years ago a Committee headed by Dr. Richard Smith was appointed to make a survey of the hospitals in the state, and that a very splendid and voluminous report resulted with recommendations which we considered to be of great importance. These recommendations had to do with the University Hospital, very largely. Certain methods of the University Hospital were questioned by some of our members; certain policies and attitudes were severely criticized by some of our members and commented upon by the Committee.

It gives me great pleasure to be able to report to you that there seems every reason to believe that there has been a marked change in the policy of the Governing Board of the University Hospital. The attitude that the hospital was justified in coming into competition with the men of the state has given way, so we have every reason to believe, to an attitude which is ours, that the University Hospital has two important functions. One is to take care of the true indigents of the states, and the other, that it shall have sufficient material to satisfactorily give instruction to the students there.

There were most important reasons why the report of the Committee could not satisfactorily be brought before the president and the faculty and the Board of Regents immediately upon the offering of this report to this House of Delegates, but in the early part of this year we had a meeting with the President of the University, the so-called Dean's Committee of the University School, and some other men whom the President invited to come in. I said we had a meeting. The State Society was represented by the Hospital Committee and your Chairman.

I have a letter from President Ruthven which reads:

"Dear Dr. Corbus:

"Following a meeting of the Committee on Hospitals of the State Medical Society and University officials in February last, I asked for a report on the hospital administration, which would include the several points discussed by the Committee. This I am inclosing.

"I am very glad to be able to say that a consistent effort has been made to comply with the recommendations of your Committee and the appended statistics will demonstrate that results have been attained. You will note a very marked reduction in certain groups of patients admitted to the University Hospital. The verbal-referrer patients have been under consideration of the faculty and recommendations for certain changes have been made. These are now being studied by Regent Smith and in due time will come to the administration for consideration.

"It was a great pleasure for me to meet with your group. Your understanding of the University's problems, together with your patient and generous approach to all problems involved, lead me to look forward hopefully to a solution satisfactory to all concerned."

Enclosed with that was a report from Dr. Haines, which I will discuss very briefly. You will remember that the hospital patients are divided into groups, of which the largest group consists of state patients, patients hospitalized by the Probate Court under various Acts which have reference to the hospitalization of crippled children, the hospitalization of children, the hospitalization of adults, and so on. This is a group which is the largest group with which we as a medical society can have nothing to do. It is governed by a state law and is in no way under the control of the University Hospital authorities.

As is to be expected, the monthly average of that group in the years since 1926 has increased enormously, and more particularly recently.

There is a group of patients which are sent by the Superintendent of the Poor, which is likewise increasing at a tremendous rate. We have nothing to do with that, nor do we have any concern with the students who receive service in the hospital.

However, we do have a distinct concern about some of these other groups, and most particularly with Group 4, persons bringing letter from their regular medical attendants recommending their admission. We have a concern with those who come with a verbal reference from their doctor. There has been a slight decrease in the monthly average, taking the years 1926-'27, 1929-'30, and the six months from July through December in 1930; there has been a decrease from 161 in the first period to 145 in the second period, and to 127 now.

In Group 5, those persons who can truthfully sign an affidavit that they are unable to pay the usual minimum fee, there has been a distinctive decrease, from 309 in 1926-'27 to 236 in 1929-'30, and 204 in the last six months of 1930.

We have been peculiarly aggressive in connection with the persons able to pay, in addition to hospital charges, fees for service, and the decrease in this group is particularly satisfactory. From 31 per month at the time our Committee was appointed, for the twelve months from July to June, 1929-'30, it has decreased to 23 in the last six months of last year.

There has been, then, a distinct decrease in these groups in which we are particularly interested, which, expressed in figures, is 22 per cent for Group 4, 34 per cent in Group 5, and 66 per cent in Group 6.

We are gratified that the University at this time seems to be willing to meet our criticisms and accept them as of value.

SUPPLEMENTAL REPORT OF THE COUNCIL IN REGARD TO ORGANIZATIONAL HEALTH ACTIVITIES

To the House of Delegates:

Michigan is most fortunate in having, among her citizens, philanthropists and humanitarians who have, through foundations, set aside most adequate funds for the improvement of the health of the people through definite health and educational activities. In the past year these foundations, together with other organizations with a like objective, have been more active than in any previous year.

It was felt by the Executive Committee that a conference of the representatives of these various activities, with the Council, would be of distinct benefit. Accordingly a special conference of representatives from the Department of Health, the Children's Fund of Michigan, the Kellogg Foundation, the Anti-tuberculosis Society, and the State Sanitarium Commission, was called to meet with the Council in Detroit in May. The stenographic transactions of the conference as published in the July Journal have been commented upon the freely copied by many journals throughout the country. The free discussion at this conference was not only valuable to your Council in an educational way, but opened the door for a clearance of misunderstandings in regard to both present activities and future objectives. The Council recognizes that there is room and need for these agencies. Your Council recognizes the need for a harmonious relationship between the profession and these agencies, and the necessity for mutual coöperation if the best results are to be obtained.

The Council is aware that it is humanly impossible to prevent errors in judgment and occasional errors in action, by individuals in the conduct of a work which so closely touches the family and the family doctor. The Council notes, with appreciation, the attitude assumed by these health agencies, and their desire to administer their work in unity and harmony with the profession. In our contacts with them we have found that, where instances have occurred justifying criticism, the organizations have been most prompt to correct the situation and have received our recommendations cordially and appreciatively. There are certain general principles and policies, largely of a distinctly professional nature, which are fundamental and to which these health agencies must conform if there is to be cooperation between them and the medical profession. We sincerely believe that it is the most sincere desire of these agencies to conform to these principles, and, as indicative of thim, the Council has now, by invitation, a representative upon the boards of the Children's Fund, the Crippled Children's Commission and the Anti-tuberculosis Society. We believe that in the future opportunity will be given for an expression of opinion as plans of extension and new projects are entertained, and that through this contact objectionable features and friction will be largely eliminated.

Following the special meeting in May, the Council felt that it would be wise to obtain expressions of opinion, recommendations and criticisms from individual members in counties in which public health organizations were active. The secretary was directed to send out a questionnaire. Sufficient replies have not been received to justify a report. The Council appreciates that these activities have not, in general, been operating for a sufficient length of time to make possible a satisfactory discussion or to formulate a definite position. The value and justification of such a questionnaire rests largely in the opportunity it gives for the expression of opinion and criticisms of certain of these activities by those members of the profession in the field and in close contact with the movement. It further gives your officers the opportunity to present these criticisms in a direct way to the organizations involved whose directing heads are as anxious to avoid all unnecessary friction as we are. The Council will not be the least hesitant to criticize and oppose policies not in harmony with the professional ethics or the best interests of the profession. On the other hand, we have a profound interest in the health of the people of the state and should be, as a society, not only anxious to coöperate, but willing as individuals to make sacrifices to the cause, if, after intelligent study, such sacrifices are deemed necessary.

The Council recommends that health officers, most of whom are members of their county and state societies, keep in close contact with their County Society. When emergencies arise, when new procedures are contemplated, we hope that the health officers will present their problems and plans to their County Society and enlist its support. Health officers in their educational activities may well enlist the support and assistance of the county society's committee on Public Health Education, and the assistance obtainable from the state Joint Committee on Public Health Education. The Council urges that health officers maintain a close relationship with the local profession in all of their administrative activities. They should earnestly realize, as has been well said and recognized by national agencies and authorities, that the success and value of all health movements and work are dependent for their greater success upon the coöperation of the practicing physician. The value of this coöperation has never been so clearly shown in this state as in this present campaign against the prevailing poliomyelitis. The poliomyelitis committee, composed of representatives of the State Department of Health, the Michigan State Medical Society, the Couzens Fund, the Kellogg Foundation and the University of Michigan, initiates a group activity in public health work which might well be extended beyond the necessities of the present emergency. We are told that in no previous epidemic has there been such willing and intelligent coöperation by the profession generally; nor such an alertness to the situation as is being shown throughout the state by the individual doctor.

Respectfully submitted,

B. R. CORBUS,
Chairman.

Speaker Pyle: The report of the Council will be referred to the Committee on Council Reports.

At this time the chair would like to appoint the following committees:

Business Committee: Drs. Penberthy of Wayne, Chairman; McCutcheon of Cass; Wenger of Kent; Holdship of Huron; Sladek of Grand Traverse-Leelanau.

Committee on Officers' Reports: Drs. Gorsline of Calhoun, Chairman; Hirschman of Wayne; Riley of Jackson; Keyport of Otsego, Montmorency, Crawford, Oscoda, Roscommon, Ogemaw.

Committee on Council Reports: Drs. Curry of Genesee, Chairman; Luce of Wayne; Langford of Washtenaw; McKean of Wayne; Lohr of Saginaw.

You will note on page eight of your official program, item 10 calls for the election of a nominating committee. You will

recall that was done away with by revision of our Constitution. All nominations will be made from the floor this evening at the regular election.

The place of the next annual session will likewise be decided upon tonight.

We will now listen to the reports of the various committees. The first report is for the Civic and Industrial Relations committee.

Dr. H. S. Collisi: I am not a delegate and I am requesting the privilege of the floor to submit the report of this Committee. [*See* September Journal.]

There is very little to add to the report, which is printed on page 43 of the official program. I would like to add just a little bit which has happened since this report was printed.

As you know, the insurance question, which the Committee has had under consideration for the last three or four years, has eventually come to a head in that a resolution was presented to the House of Delegates of the American Medical Association in Philadelphia in June and was referred to the Bureau of Medical Economics, of which Dr. Leland is director. This Bureau through Dr. Leland has had a conference with the Chairman of the Committee, and they are now engaged in making a national survey of this question. No report has been issued by them up to the present time, but I might say that the action taken by the Michigan Association has met with favor in a number of other states. The state of Washington has adopted the resolutions as they were presented to the American Medical Association.

We are also finding that a number of the insurance companies are beginning to come to the request and are paying the fee. However, in conclusion, I believe that there is very little more that the Michigan Committee can do than await the report of the Bureau of Medical Economics of the American Medical Association at New Orleans. However, until that time, I would like to request that all of the Michigan members stand by their own resolutions as passed.

Speaker Pyle: Does anyone wish to take any action on this report?

Dr. Wenger (Kent): I make a motion that the report of the Committee on Civic and Industrial Relations be accepted.

The motion was seconded by Gorsline of Calhoun, put to a vote and carried.

Speaker Pyle: We will next receive the report of the Cancer Committee; Dr. Dutchess of Wayne, Chairman. [*See* September Journal.]

Dr. Dutchess (Wayne): The report of our Committee has already been published in the Journal. Some of you may have read it, but it is very brief so I will read it now.

[Dr. Dutchess read the report of the Cancer Committee, printed in the Journal, at the conclusion of which he said:]

I may say that we had our third meeting last night.

I would also like to call your attention to our exhibit in the scientific exhibit, where the result of the survey of the state facilities is graphically represented in a series of state maps. In addition to the results of this survey, we have on exhibit some educational and informational material in the way of some charts provided by the state and county Health Boards, and a supply of posters and educational pamphlets supplied by the American Society for the Control of Cancer.

Mr. Speaker, I would like to report that the terms of two of our Committee members have just expired: Dr. Charles Kennedy and Dr. Carl Weller. These men, I may say, have been faithful workers and distinct assets to the Committee.

Thank you.

Speaker Pyle: Do you wish to accept this report, gentlemen?

Dr. Gorsline (Calhoun): I move the report of the Cancer Committee be accepted.

The motion was seconded, put to a vote and carried.

Speaker Pyle: At this time, I am extremely gratified to state that at the time I appointed this Committee last year, it seemed to be agreed by different men of the assembly, and different men I met, that this was an efficient committee, and I believe it is the chair's prerogative to appoint men in their place or to make a reappointment, so at this time I should like to reappoint Dr. Kennedy and Dr. Weller. This Committee is rather new, having worked just a year, and I believe it is to the good of the cause that they continue.

We will next receive the report of the delegate to the American Medical Association, Dr. Luce of Wayne.

Dr. Luce (Wayne): Mr. Chairman, Members of the House of Delegates: Mr. Chairman, I would like to request before giving this report that the courtesy that is

extended to patrons of baseball be extended to the delegates, and that they be allowed, as an orthopedic measure, to stretch.

Five minute recess.

REPORT OF DELEGATES TO AMERICAN MEDICAL ASSOCIATION

Mr. Speaker, Members of the House of Delegates:

The House of Delegates of the American Medical Association met at Philadelphia, June 8, 9, 10 and 11, 1931.

The State of Michigan was represented by Dr. F. C. Warnshuis, Speaker of the House, Dr. J. D. Book of Grandville, Dr. C. S. Gorsline of Battle Creek, Dr. Carl F. Moll of Flint and Dr. H. A. Luce of Detroit.

On the first day of the meeting, the House unanimously voted the late Dr. A. W. Hornbogen of Marquette the courtesy of the floor, which was a signal honor and, in view of the unfortunate termination of his life recently, a most happy remembrance for the members.

On the second day, after the continued absence of Dr. W. J. Cassidy of Detroit, Dr. Hornbogen was seated as a duly qualified delegate from the state of Michigan. In passing, it might here be stated that every delegate from Michigan attended from beginning to end each and every session of the House.

After addresses by the Speaker, President William Gerry Morgan, and the usual amount of congratulatory messages from notables, the House settled down to business.

A resolution on the name of the Committee on Cost of Medical Care was introduced with the recommendation that the Committee be requested to change the name to "the Committee on Illness" or "the Care and Prevention of Illness." This matter was presented by the state of California and referred to the Reference Committee on Legislation and Public Relations, from which committee an adverse report was rendered and adopted.

A resolution on Appointment of Commission on Qualifications of Specialists was presented by Dr. C. F. Moll of Michigan, was recommended by the Reference Committee and is to be submitted to the House of Delegates at the next annual meeting.

A resolution presented by Dr. J. D. Book of Michigan, at the request of the Civic and Industrial Relations Committee of the State of Michigan, relative to charging of a fee to insurance companies for each and final proof of claim was approved by the House of Delegates and referred to the Bureau of Medical Economics. Dr. R. S. Leland Director.

A resolution requesting that the National, State and County Woman's Auxiliaries make special effort to have the A. M. A. Health magazine, Hygeia, placed in all schools, both rural and urban, was introduced by Delegate Gorsline of Michigan. This was adopted and referred to the Liaison Committee of the A. M. A. and Woman's Auxiliary.

A resolution by Dr. I. A. Abt, Section on Diseases of Children, to change the name to Section on Pediatrics was introduced; recommended by the Reference Committee and passed by the House.

A resolution for Dr. H. H. Shoulders, Tennessee, relative to the Federal Government's policy of rendering medical and hospital benefits to veterans of the World War was given serious thought and provoked much discussion.

The gist of the resolution was that the government should pay a cash benefit to the veteran which he could spend where he saw fit, rather than provide at government expense for his treatment.

The resolution was approved by the Reference Committee and passed by the House.

The transactions of the House of Delegates are too voluminous for a full report, but should be read by every member of this organization.

New Orleans was approved by the House as the meeting place for the annual meeting for 1932.

Dr. E. H. Cary of Dallas, Texas, was elected to the office of President-Elect.

The House of Delegates approved so highly of the work of Dr. Olin West as Secretary of the American Medical Association and Dr. F. C. Warnshuis as Speaker of the House that their re-election was unanimous.

The House concluded its work on schedule time and adjourned sine die at 3:10 P. M., June 11, 1931.

J. D. BROOK
CARL F. MOLL
C. S. GORSLINE
HENRY A. LUCE

Speaker Pyle: The chair erred in asking for a discussion on these reports. The Committee reports will be referred to the proper Committees.

We will now receive the report of the Legislative Committee, Dr. John Sundwall, Chairman.

LEGISLATIVE COMMITTEE

Mr. Chairman and Members of the House of Delegates: A rather extensive report of the Legislative Committee is published, as you are aware, in the September issue of the Journal, and also in your official program.

I am going to take the liberty, if I may, Mr. Chairman, of just adding a few comments relative to the work and aims of this Committee, which we did not deem wise to publish, or I might put it in another way, not essential to publish.

In the first place, I want to pay my tribute to the members of our Committee, to our dynamic secretary, Dr. Whittaker of Detroit, to our fearless member, Dr. Robb of Detroit, to the very splendid work of our sagacious member at Lansing, Dr. Earl Carr, who was always on hand to render the very highest type of service, and then again, our tribute to Dr. Jackson, wise and sagacious leader, who has devoted so many years to the Welfare of the Michigan State Medical Society.

The Committee worked hard during the very prolonged session of the Legislature. It met practically every Saturday night at Lansing, worked about all night, and usually reached home at daybreak. The Committee attempted to be as constructive as possible; that is, it wanted to be of genuine help in the review and consideration of all legislation which had to do with the health of the people of Michigan and with the welfare of the medical profession. You will note from the review in this particular report that some sixty-one bills were earnestly considered, not only by the Committee, but in association with others concerned. The Committee made every effort to acquaint the various county medical societies with its work, and so some seventeen different societies were visited during the meeting of the Legislature.

The Committee wants to take this opportunity of expressing their thanks and appreciation to many who met with the Committee, to the Chairman of your Council, Dr. Corbus, and the other members of the Council, to the members of the Executive Committee, and to the members of the various county medical societies. In fact, the Committee meetings were, in a large measure, public meetings in that all concerned were invited to attend.

The Committee has discussed a number of things.

It is very mindful, indeed, that the medical profession of the United States, as well as the medical profession of Michigan, has reached a great crisis so far as the public is concerned. It appreciates the fact that within the next two or three years the medical profession of the state of Michigan, as well as of the United States, will have to do some genuine constructive and comprehensive statesmanship. It realizes that heretofore the medical profession has not sought or has not maintained the closest type of, let us say, coöperation and leadership, so far as the public is concerned, and in relation to the many agencies which we find interested in our public health measures.

It therefore feels, I think, that the functions of the Legislative Committee should be increased, rather than limited purely to legislation. Personally, I feel that we have reached the time when we ought to abolish the term Legislative Committee, and substitute in the place of it some such term as Public Relations, and that this Committee be continued—it has got to be continued—and that it be progressive, that it make every effort during the two years from now until the meeting of the next Legislature, in placing these various problems of public health and the relation of the medical profession to public health, before the people of the state.

You will find in this report that we earnestly advocate that this whole problem of licensure be made a public educational problem. We know from all past experiences, so far as legislative committees are concerned, that we have made very little progress in so far as medical practice Acts are concerned, largely because we have maintained, that is in our practice in the past, that this matter of legislation is one which is the concern of the medical profession alone.

Effective medical licensure should be just as much a problem of education, just as much a problem of all health agencies in the state, just as much a problem of the public at large, as it is of the medical profession itself. The Committee, therefore, recommends that you give consideration to the problem of this Legislative Committee not to restrict it wholly to medical legislation as it was restricted according to your actions of a year ago, but that you give it all the power and functions of bringing this whole problem of medical legislation, with all that it involves, before all of the people of the state.

I do not want to take any more of your time, other than to repeat the statement that I have made, and which has been intimated, that during the next two or three years at least, in view of the great changes that are going on at the present time, the medical profession of the state of Michigan must certainly indulge in the most extensive and intensive statesmanship, not only for its own welfare, but for the welfare of the people of the state.

I thank you.

Speaker Pyle: Are there any other reports?

Secretary Warnshuis: Mr. Speaker, I have two communications to present at this time. One is an invitation from the Kalamazoo Academy of Medicine to the State Medical Society to meet there next year, supported by the communications from the Association of Commerce and several other business organizations in Kalamazoo.

The second communication is from Dr. Frank T. McCormich of Detroit, acting in behalf of the Michigan Association of Industrial Surgeons, in which he presents to the House of Delegates a Code of Ethics that has been adopted and approved by the Wayne County Medical Society, and also the Association of Industrial Physicians and Surgeons, and they make the request to this House that the House of Delegates of the Michigan State Medical Society also adopt that Code.

Speaker Pyle: I will refer those to the Business Committee.

Is there anything to come up under resolutions and new business?

RESOLUTIONS

Dr. Hasley (Wayne): Mr. Speaker, Members of the House of Delegates: I am pinch-hitting again for Dr. Stapleton. This is my second opportunity this morning to pinch-hit for him. I am going to take only a few minutes to tell about a little of the work he has been doing in connection with the Wayne County Society. He is the Chairman of the Public Health Education Committee.

Now, everybody knows the value of advertising, and probably a good many of us could tell stories about a dollar's worth of goods and ten dollars' worth of advertising. We have seen drug stores grow up under our eyes, but the medical profession, I think, has failed to recognize the advantages of advertising.

Now, nothing is new, but we do have a new method of advertising legitimately and not being condemned, and that is through the radio work. Consequently, Dr. Stapleton has realized this and he has conducted a series of radio talks which are given, not as talks from the individual doctor, but as coming under the auspices of the Wayne County Medical Society. That has been done now for a year and the big stations like WWJ are glad to give their time and to announce that we have a celebrated physician from Wayne County talking on such and such a subject.

Our neighboring county, Oakland County, with its towns, Royal Oak and Pontiac, have seen the light, and they are broadcasting over EXL three times a week.

Dr. Stapleton is very anxious to have the following resolution presented to this House, so I will read it:

"WHEREAS, the Michigan State Medical Society is the only democratic medical organization in the state

representing more than 5,500 physicians; and

"WHEREAS, the Michigan State Medical Society is best qualified to inform the public concerning the prevention and cure of disease and to issue opinions on public policies affecting public health; and

"WHEREAS, the radio appears to be a most potent agent in the dissemination of information to the public; therefore, be it

"*Resolved,* that the House of Delegates of the Michigan State Medical Society authorize the Public Health Education Committee to institute and to conduct a state-wide radio campaign to broadcast popular medical subjects and to inform the public regarding the aims and activities of the State Society, its component county units, and the work of the individual members; and be it further

"RESOLVED, that a sub-committee of the Public Health Education Committee be founded in each county and district to aid in the broadcasting and to negotiate with radio stations for the donation of time sufficient to bring this important health message to the public."

I am sure that the radio stations in the respective communities will be glad to do this.

Speaker Pyle: This resolution will be referred to our Business Committee for further consideration during the day.

Is there any other business?

Dr. Brook (Kent): Gentlemen of the House of Delegates: We are operating today in a rather peculiar position, it seems to me. A year ago, you remember, we had quite a hullabaloo about our revisions of the Constitution and By-Laws, and Dr. Curtis was involved in that. Today we are here and we have been asked by the Chairman of our Council to alter some of the provisions of our Constitution and By-Laws. I don't suppose we will have any objection to this particular thing, but I daresay nobody in the room, outside of Dr. Sundwall, who has the October Journal, has a copy of the Constitution and By-Laws.

Dr. Curtis (Wayne): I have my Journal, too.

Dr. Brook (Kent): And that is what every delegate will have to do, if he wants to know what his privileges and rights are under the Constitution: he will have to carry his Journal along with him when he comes to this meeting.

I think it is the prerogative of every delegate to know what is in the Constitution and what his rights are. To that end, Mr. Speaker, I move the Council be instructed by this House to make provision for the printing of the Constitution and By-Laws in the annual handbook which the delegates receive.

The motion was seconded, put to a vote and carried.

Speaker Pyle: Is there any other unfinished business?

Dr. Hirschmann (Wayne): Mr. Speaker and Members of the House: I want to read a resolution which was transmitted by mail to the Council for consideration at this time. This was adopted by the Council of Wayne County Medical Society Monday, May 4, 1931, and transmitted for action here.

Dr. Hirschmann read the resolution pertaining to the Volstead Act.

Speaker House: What do you want to do with this resolution?

Dr. Hirschmann (Wayne): I move we request from the Council a report for action by the House of Delegates.

Dr. Traynor (Mecosta): I would like to ask the Secretary how the A. M. A. takes care of such problems?

Secretary Warnshuis: This communication was duly received and duly transmitted to the Council and considered last evening, and by vote of the Council the Secretary was instructed not to transmit the question to the House of Delegates; that if it came up, the Council would adopt the same policy adopted by the House of Delegates of the American Medical Association, and that is that all discussions of the question of liquor or the physician's right to prescribe liquor, first be referred to the Board of Trustees of the A. M. A., and if they deem wise they shall transmit to the House.

Speaker Pyle: Does that dispose of your resolution as you want it disposed of, Dr. Hirschmann?

Dr. Hirschmann (Wayne): It certainly disposes of it.

Speaker Pyle: You have a right to introduce your motion. If you wish to make a motion, and it is supported, that will bring it before the assembly.

Dr. Hirschmann (Wayne): I introduced this resolution by request. I realize perfectly well that any discussion in a meeting of this kind on the subject of the prescribing of liquor is very apt to be given undue, unwarranted, undesirable publicity, and, therefore, I agree that the matter is probably better taken care of either by the Council, or, if the House of Delegates so wish, in executive session.

Speaker Pyle: Is there any further discussion?

Dr. Whittaker, you may have the floor at this time.

Dr. Whittaker of Wayne read a resolution relative to a survey of other public health organizations and their work.

RESOLUTION

Inasmuch as there is evidence to show that for some time, medical service to the public has not kept pace with medical knowledge, and as during this same period, the rôle of practitioner of medicine has become increasingly difficult. And as there is evidence to show that in the United States the practice of medicine is regarded by legislative bodies, by taxation authorities, and by courts of Justice, as a business organization with the same responsibilities as other professions, trades and business groups, and as also with this change in attitude toward the Medical Profession has come no change in the expectation on the part of the public that the profession will change in its attitude toward the indigent ill, that is, that the burden will be carried by the profession as a group, although there is no other civic responsibility that is not carried by the public in proportion to each individual's economic ability to contribute. And as two social and economic changes have recently contributed to the acuteness of the situation, namely,—first, the business de-

pression, which has greatly increased the percentage of the population which is unable to pay for medical care, thus increasing the charity work of the physician, both in his office and in the hospitals and clinics, but at the same time, decreasing the practitioner's income; secondly,—the appearance of numerous organizations of both medical and lay control, which with increasing aggressiveness, are assuming the right to dictate the method of medical service in certain economic, disease, employment, fraternal and military service groups.

Investigation in many counties of Michigan has shown it to be the opinion of the Profession that there is an immediate and critical need for constructive and aggressive leadership in the Profession, to relieve the economic chaos into which the Profession has been thrown, and to assume absolute control of all projects of a medical nature.

Therefore, respectfully submitting that procedure, which has allowed the development of such economic inefficiency, the development of paternalistic measures almost without opposition; and which has allowed the interference of unqualified groups in the practice of medicine, should be replaced by members sympathetic to efforts at improvement, and willing to be represented by a group of practitioners with full and extraordinary power to study thoroughly these professional and economic problems, recommend remedial measures, and use executive power to enforce changes endorsed by this House of Delegates as represented by The Council of the Michigan State Medical Society, the following resolution is submitted:

Whereas, the present economic depression has presented problems which demand immediate study and attention, and

Whereas, the national government as represented by the President, under whose direction the Public Health Bureau operates, the Medical Corps of the U. S. Army and Navy, and the Veterans Bureau function, under the control of whom the Narcotic Bureau and Child Health Bureau have been established; as represented by Congress, which by passage of health laws, by licensure laws and by the control of animal experimentation, and as represented by the Supreme Court and its many decisions in medical suits, has imposed certain obligations upon our profession in return for the right to practice medicine, some of which are not only irksome but impose an unfair burden. And as there is, however, no question as to the right of the government to impose reasonable requirements, and there is no tenable position but acquiescence, nevertheless the matter is simplified if the burden is properly distributed, and the reciprocal obligation of the public is established.

Whereas, the same comments are applicable to local governmental units, which include the following organizations:

1. The State Department of Health, which is subsidized by the Rockefeller Foundation, the president of which recently stated that food, clothing, posture, sleep, occupation, personnel adjustments, are becoming concerns of public health; which through its County Health Units, combined with other laws, have been given the right by the state to carry on full medical service to the public.
2. The State University, which with a 1,300 bed capacity, with an average bed occupancy of 1,100, is providing medical service to all economic groups of Michigan, and which has been advertised extensively.
3. The State Tuberculosis Hospitals, which have been expanding rapidly and are assuming the care of hundreds of cases, which have formerly been taken care of by their own physician.
4. The State Hospitals, which in addition to mental cases, are in many cases providing general medical and surgical care, often with inadequate medical personnel.
5. The Crippled Children's work, which is gaining rapid headway, which is now being administered under a commission, appointed by the Governor, all medical work being done by the commission and being concentrated in the hands of a few individuals.
6. The County Health Units, which are increasing in number steadily, and which have caused friction already in some counties, and which with their growth, will undoubtedly cause extensive interference with the practice of medicine.
7. The County hospitals, which are assuming the care of an increasing number of all types of medical cases—and as in the state hospitals, often with inadequate medical personnel—the attending physicians of which hospitals, receiving little, if any, compensation.
8. The Children's Hospitals which are caring for a large percentage of the children of the state, the attending physician receiving no compensation for the medical work.
9. The County Coroner's Office—which is elective and which has considerable influence in the health and safety of the citizens of the various counties.
10. The City Public Health Departments, which are entirely under the control of the mayor and the council of the cities. In many cases, the profession having very little to say regarding the appointment of the health officers, the appropriation for the conduct of the office, or the policies pursued.
11. The Health Department of the City Schools, which is under the direction of the Board of Education or the Board of Health and which provides medical care for a large number of children in the schools.
12. The City Physician's office, which in some instances, provides medical service to a considerable percentage of the population.
13. The Tuberculosis Division of the Department of Health, which is assuming an increasing number of patients for complete physical examination and extensive X-ray examination.
14. The Cancer Division of the Department of Health, which at the present time is doing no medical work.
15. Supervision of Sanitation. A medical activity of extreme importance to the public, is entirely out of the hands of the medical profession.
16. Medical colleges under the supervision of the Boards of Education, which through dispensaries, provide medical care for the public.
17. The City Hospitals, such as the Receiving Hospital in Detroit, provide medical service for a large number of patients—many of these cases, if only accident cases are considered, are cases which should be under the direct supervision of the Medical Profession.
18. City Hospital beds in private hospitals, which provide hospitalization for a section of the public, and the Medical Staffs are providing medical care at no cost to the city, and with no remuneration for the doctors.
19. The Welfare Departments, which, in many cases regard the group that receives an income which 89 per cent of the population receives as entitled to free medical care, are administering medical service to a large percentage of their communities, often without adequate medical supervision and often in a method destructive to personal initiative.

Whereas, in addition to the above, the following organizations are encroaching upon the practice of medicine, and it is questionable in so doing if any improvement in medical service is obtained:

1. Industrial corporations medical departments.
2. Private Hospital Clinics.
3. Privately endowed clinics, and Funds.
4. Educational Institutions with which are affiliated Fresh Air Schools, Crippled Children's Schools, etc.
5. Cancer and Heart Clinics.
6. Army Hospitals.
7. Marine Hospitals, to which are admitted without cost, all who follow work about the lakes and water fronts.
8. U. S. Veterans' Bureau, the activities of which have been expanding rapidly, so they now include medical service for former service men, for conditions which have no connection with their military service.
9. Orthopedic Clinics—usually under lay control.
10. Pre-School medical activities, which are increasing in scope and in which physicians are expected to participate without financial return.
11. Pre-Natal Clinics.
12. Railroad Hospitals and medical departments.
13. Insurance and Liability Company Medical Departments.
14. Private Clinics, such as the Mayo and the Ford Hospital in Detroit.
15. Pay Clinics.

Therefore, be it resolved that this House of Delegates of the Michigan State Medical Society *instruct the president* that a committee of five members be appointed to study the problems here enumerated, and that this committee be instructed to report in 60 days to the House of Delegates at a special meeting, the results of their study with remedial recommendations, and furthermore that the Council of this Society be instructed to advance the sum of $5,000 to this committee to aid in the work of the committee.

Speaker Pyle: The chair is of the opinion that this resolution would have to go to the Council first. If there is any disagreement in the assembly on that, I would be very glad to give any of you gentlemen the floor. Isn't that your opinion, Dr. Whittaker?

Dr. Whittaker (Wayne): I see no reason, except that certain parts require their consideration. I think it could be referred to the proper Committee on resolutions and referred back to the House of Delegates.

Secretary Warnshuis: For your information, it has been the precedent established under the Constitution and By-Laws that all resolutions providing for the expenditure of money be referred to the Council, and the Council pass on that measure and then pass it on to any Committee in the House desiring to bring in a report on it.

I am sure if this was referred to the Council this noon, the Council could have a report back this afternoon, and then it could be referred to the Business Committee. That is the procedure set by precedent.

Dr. Luce (Wayne): It seems to me that gives the Council a great deal of power. The House of Delegates is the ruling and governing body of the medical profession of the state of Michigan. That is an important resolution, and if possible, I wish that multigraphed copies of this could be prepared so that each and every member of the House of Delegates would have a copy for the afternoon session. Could that be done?

Secretary Warnshuis: I do not know what the facilities here are for having such work done, but if you desire it, I will see what can be done.

Dr. Christian (Ingham): This problem, it seems to me, is one of vital importance to every man who practices medicine in this state or any other state. In our county of only 80,000 people, the doctors have been imposed on from time immemorable. Last year we decided we would look into this problem. We want to know how much work we were doing annually. A survey of two hospitals was made and we found that the actual hospital staff cases that came into the county and city, for which no charge was made by the physicians, within our little county of 80,000, amounted to something like $35,000 a year.

We have found some other interesting things recently which we have reported to the University Hospital, various moneys expended from various counties in the state, and we found from July, 1930, to July, 1931, while Oakland County, for instance, as compared to us, spent $78,000 in the University Hospital, Saginaw, which has 34,000 more population than we have, spent $34,000, but we spent $35,000. We spent $235 for cases which were sent down to us because they had no facilities, that is mostly neurological cases. In other words, we were the goat.

We have organized our Committee and worked out a plan which has been effective in Iowa. We sent our Committee out to Davenport to make an investigation, and they came back and talked to the mayor and the Public Health Committee of the Council. We have sold them the idea that, beginning the first of October, the private medical societies are to operate the city clinic up to the first of March, free, and on the first of March we are to sign a contract with the city and the county to take care of their indigents.

This thing—and I think Dr. McIntyre will agree with me—is practically settled at this time. We have told them in veiled hints that after the first of March there is going to be no service from the doctors. They can either take it this way and have the entire facilities of the medical society at their command, or hire the individual physicians, and it has been pointed out to them that two, three, or five men can do this work. So now, the only nigger in the woodpile is the amount of money we are to receive. Politicians have been attempting to say to us, What is it going to cost us? We have not made any price, but we have merely stated this: We have given you $35,000 a year so far. We let that sink in.

The mayor has suggested that from the clinic work this winter we will be able to determine the amount that is to come from the county. I feel that if we in Ingham can put it across, other communities comparable in size and facilities with ours can do the same thing.

We have gained a great deal of experience in this Committee, handling the thing in a proper sequence, we think, and we have that material which we will be glad to pass on to any county society.

Speaker Pyle: There is an item in our Constitution, Section 2, Article 9, which reads: "The funds of the Society shall be disbursed by action of the Council," but the chair will refer Dr. Whittaker's resolution for further discussion later in the day, at which time the chair will entertain a motion.

Is there any further new business?

Dr. Brook (Kent): Dr. Moll, in his address, read the resolution presented in the House of Delegates of the American Medical Association, regarding veterans' benefits. I have a copy of it here which I will not read, but I would like to make formal presentation of this particular resolution and move its adoption.

RESOLUTION

"WHEREAS, The federal government has inaugurated the policy of rendering medical and hospital benefits to veterans of the World War with non-service connected disabilities; and

"WHEREAS, This policy was inaugurated over the opposition of the American Medical Association; and

"WHEREAS, The policy now in force if carried to its logical conclusions, involves the construction, the staffing, and the maintenance of a sufficient number of hospitals to accommodate the hospital needs of all the veterans of the World War; and

"WHEREAS, The present policy is of unequal benefit to veterans by reason of the fact that many disabled veterans cannot (for one reason or another) avail themselves of the benefit, therefore be it

"RESOLVED, That the House of Delegates of the Michigan State Medical Society petition the Congress of the United States and the American Legion to abandon the policy of rendering hospital and medical benefits to veterans of the World War with non-service connected disability, and substitute therefor a plan of disability insurance benefits with the following provisions:

"First, the creation of a Bureau of Disability insurance in the Veterans' Bureaus as now constituted.

"Second, the issuance of a disability insurance policy to each veteran with a disability benefit clause, as follows:

"(a) The payment of a weekly cash benefit during a period of total disability, and

"(b) The payment of liberal hospital benefit sufficient to cover the hospital expenses of a veteran during a period of hospitalization for any disability. Such benefits to be paid to a veteran on satisfactory proof of total disability, and

"(c) Such other provisions as are necessary for the proper administration of the act.

"Be it further

"RESOLVED, That the proper officers of this association be instructed to approach the officers of the American Legion with the view to securing the adoption of the policy above set out as a part of the legislative program of the American Legion."

The motion was seconded by Dr. Luce of Wayne, put to a vote and carried.

A. W. HORNBOGEN, DECEASED

Dr. Brook (Kent): May I have the privilege of the floor at this time to present a short memorial to one of the gentlemen who has for years been a delegate and a member of this House of Delegates, Dr. Hornbogen?

In Memoriam

Dr. Alfred William Hornbogen was born October 31, 1866, at Reeds Landing, Minnesota, and was brutally slain by the bullet of an inmate of the State prison at Marquette on August 27, 1931.

Since Dr. Hornbogen was for many years a devoted member of this House of Delegates it is fitting that we, assembled in annual convention, offer a tribute to the memory of this outstanding character.

As you know, it was my privilege to be rather closely associated with him at our meetings for a number of years, during which time I have learned to know him perhaps more intimately than any other member of our Society, and therefore it is a pleasant duty for me to briefly set forth some of the characteristics and attributes of this virile personality, elucidated by an incident or two.

Dr. Hornbogen was thoroughly honest and as trustworthy as steel. He was alert, genuine, loyal, direct, generous and positive, and although sometimes oppressive in stressing his point, yet beneath it all lay a kindly, generous heart. He had initiative and an organizational ability to carry out his ideas. His rugged physique and sometimes gruff personality were the products of heredity and environment. Born of hardy, honorable stock and reared in a country where men fought personal battles in defense of right and principle, he carried the customs of his boyhood days into the years of his professional career, not always coupled with diplomacy but nevertheless sincerely.

He abhorred crookedness. Many times in our hotel room have I heard him express his utter disgust of the individual or organization that was not going straight. And he was eminently fair. Occasionally he inadvertently antagonized a few. Yet for one who was not even on friendly terms, but if the individual was worthy and honorable he would say yes. And I have complimented him on more than one occasion because of this admirable quality. We all knew "Hornie" but I regret exceedingly that more of us did not know him intimately. Because of his peculiar personality, occasionally he inadvertently antagonized a few. Yet in his inmost heart he would lay nought in the path of progress of any man.

One of the greatest honors given to our departed friend was that bestowed upon him by the House of Delegates of the American Medical Association at its last session in Philadelphia when, while he was not a delegate, the House unanimously and unsolicited and unknown by anyone from Michigan, granted him the privilege of the floor upon motion of his friend Bedell of New York. I tried in vain to get an expression from him because of this signal honor. What I got was not expressed in words nor in the hearty laugh we all knew, but in a soft sweet smile which came from a kindly appreciative heart. He appreciated honors but would not talk about them.

Dr. Hornbogen was unselfish, and thoroughly loyal to his home, his city and state. This was demonstrated to me upon several occasions at the American Medical Association Meetings, one of which stands out very vividly in my memory. At the San Francisco Meeting the stage was all set on Tuesday, the second day of the meeting, for the reelection of Dr. Warnshuis as Speaker on Thursday and therefore the following day, Wednesday, was enjoyed sight seeing by Dr. Hornbogen, his wife, Mrs. Brook, and myself. Upon our return to the hotel at dinner time we were surprised to learn that during our absence Dr. Harris of New York had become a candidate for Speaker. He vehemently chastised his backers and openly challenged them to combat. His untiring efforts and fighting spirit brought victory to Michigan the next day. That was characteristic of the man. He had nothing personally at stake but he would fight to the limit for the state, county or city he represented. Michigan need never be ashamed of the representation she had in the House of Delegates of the American Medical Association in the person of Dr. Hornbogen.

His alertness was fostered by keen observation of his patients, particularly when operating, and this was followed by direct and positive instructions, particularly at critical moments. He seldom hesitated. These attributes grew on him because of environment, since, being some distance removed from medical and surgical centers, he had to and did assume all responsibility in the premises. His loyalty to his friends and patients was unstinted. I have known him to remain with a three-year-old pneumonia patient all night, and to travel three hundred miles to do a favor for a brother physician.

For many years he gave his services to the inmates of the children's orphanage in his home town and the hundreds of common folks who surrounded his grave when laid to rest gave mute evidence of the regard and esteem in which he was held by those whom he had gratuitously and skillfully served.

Dr. Hornbogen is dead, but the influence he exerted for right, justice and charity will be an inspiration and stimulus to the friends who mourn his demise. What a pity that such a life should be ended by the hand of a man he was trying to help. As a surgeon with peculiarly keen judgment, devoted to his work, a student of science and art, a vehement defender of his profession, a trusted leader in civic affairs, he lived a dynamic, dramatic life and died as he lived in a dramatic defense of his state and his country. All honor to Dr. Hornbogen.

"Strive to live well; tread in the upright ways
And rather count thy actions than thy days:
Then thou hast lived enough amongst us here,
For every day well spent, I count a year,
Live well, and then, how soon soe'er thou die,
Thou art of age to claim eternity."

J. D. BROOK.

Dr. Brook (Kent): I move that this memorial be made a part of the record, and that it be printed in the Journal and a copy sent to Mrs. Hornbogen.

The motion was seconded by Perry of Luce, put to a vote and carried.

Speaker Pyle: Is there any further business, gentlemen?

Secretary Warnshuis: Mr. Speaker, it is now twelve twenty-five. The business of the House this afternoon is the consideration of the reports of

your reference committees. With the amount of business that has been handed to the reference committees, I am quite sure that none of them will be able to bring back a report at the stated time of two-thirty.

Does the House wish to convene at a later hour, or to consider the whole matter at a later hour, and recess at this time and not adjourn?

Dr. Connelly (Wayne): I move this House of Delegates recess until this evening.

Dr. Ekelund (Oakland): I want to call to the attention of the delegates that we have planned a little entertainment for them at the Club this evening, and we want them to be there at nine o'clock.

Dr. Gorsline (Calhoun): Can we meet at four o'clock and in an hour's time thresh out these reports and get them out of the way, so we won't be here so long tonight?

Dr. Biddle (Wayne): I will amend that motion, to recess until four o'clock.

The amendment was seconded by Morris of St. Joseph, put to a vote and carried. The motion as amended was then put to a vote and carried.

The meeting recessed at twelve-thirty o'clock.

Recess Session—First Session

TUESDAY AFTERNOON SESSION

September 22, 1931

The recess session of the first session of the House of Delegates of the Michigan State Medical Society was called to order at four o'clock by Speaker Pyle.

Speaker Pyle: Gentlemen, the meeting will please come to order.

As this is a continuation of this morning's session, the roll call will stand as given this morning.

The next order of business is the report of the Committee on Officers' Reports, Dr. Gorsline, Calhoun, Chairman.

COMMITTEE ON REPORTS OF OFFICERS

Dr. Gorsline (Calhoun): Mr. Speaker, the Committee had an informal meeting and asked me to write up a report. I have seen only one other member of the Committee, but I will leave the report at the desk for their signatures.

Your Committee have listened with great interest to the reports of your President, President-elect, and Speaker of the House of Delegates, and have reviewed their manuscripts so far as furnished.

All of their observations show much thought and their recommendations should be given careful consideration.

We feel that our Society is to be congratulated upon having men of such outstanding ability for its officers.

Respectfully submitted,

C. S. GORSLINE, Chairman
L. J. HIRSCHMANN
V. VANDERVENTER

Mr. Speaker, I move the adoption of this report.

The motion was seconded, put to a vote and carried.

Speaker Pyle: Next we will listen to the report of the Committee on the Council report, Dr. Curry, Chairman.

REPORT ON COUNCIL'S REPORT

Dr. Curry (Genesee): Our committee met from one-thirty until four o'clock, with four members present. Dr. Lohr had to go to The American Legion meeting in Detroit.

We commend the report of the Council to the House of Delegates in its entirety, but we have made a few additional suggestions which I will read to you.

Dr. Curry read the report of the Committee on the Council Report, with the following interpolations:

Interpolation No. 1, preceding the words, "It is the opinion of this Committee that the problems, particularly of the smaller county societies," etc.: Under the heading of county society activities, Dr. Luce of Detroit, a distinguished member of our Committee, offered a solution to a problem which has confronted county societies for a long, long time.

I was secretary of Genesee County for four years and at every Secretaries' Conference somebody would suggest a means by which the county societies in the smaller districts of the state could get in closer contact with the larger centers, and that was as far as it ever went, and to my knowledge, at all of the Secretaries' Conferences since that time, it has been the same story.

Dr. Luce suggested an idea which we have incorporated into what I think we might call an explanatory paragraph.

Interpolation No. 2, preceding the words, "Under the heading of honorary members, this Committee agreed with the Council," etc.: Meaning by that, that each councilor in that district would have the power of appointing a committee of his own choice, with representation from his own county, in order to solve his problems. That is suggested as an amendment to Chapter 5, Section 2 of the By-Laws.

Interpolation No. 3, preceding the words, "With reference to President Ruthven's letter," etc.: (Reading Section 6 of the By-Laws, describing honorary members) This reading shall serve as the presentation of the proposed amendment, to be acted upon at the next annual meeting, as provided by the Constitution.

Speaker Pyle: Gentlemen, what is your pleasure regarding this report?

Dr. Biddle (Wayne): Is any action necessary regarding those other items, or is a motion to accept the report sufficient?

Speaker Pyle: As far as the amendments to our Constitution are concerned, the chair feels this constitutes previous notice, and that will be a matter for consideration next year.

Dr. Biddle (Wayne): Then I move the report be adopted and placed on file.

The motion was seconded by Hirschmann of Wayne, put to a vote and carried.

Dr. McKean (Wayne): There was one thing brought up in the report of the Committee that had reference to the appointment of a councilor committee by the councilor of each district, to assist him in ferreting out the troubles that Dr. Curry has spoken of, which have been brought up every year at the Secretaries' Conferences. It has been suggested in the report of this Committee that this be made a part of the duties of the councilor of that particular district.

I am simply asking for information as to whether that again serves as a presentation of an added amendment to the By-Laws, as was suggested by this Committee.

Speaker Pyle: Dr. Curry, will you give the gentleman that information as to the meaning of your resolution?

Dr. Curry (Genesee): I cannot answer his question.

Speaker Pyle: If you have anything constructive that will help the smaller societies, the chair would be willing to entertain a motion of any kind.

Dr. Hirschmann (Wayne): I do not believe that the recommendation made in that report requires any special legislative action. I believe in the definition of the duties of a councilor, that activity is well included under his duties and defined by our By-Laws. He can appoint committees and he can arrange to help county societies, and engage in various activities of that kind.

Dr. McKean (Wayne): We read that particular section, and that was not included in any way. He is supposed to keep quiet and peace and concord in his particular district, but any way of doing that is not prescribed. It was a question in our minds as to whether such a prescribed duty of appointing such a councilor committee might not help to bring this about.

Like Dr. Curry, I have served for three years on secretarial committees and heard the same thing he has heard. Every year the same thing comes up, and it is a question as to whether that might not further help to clarify the situation, and if necessary, I should make a formal presentation of such an amendment to Chapter 5, Section 2, I believe it is, of the By-Laws, adding this to the duties of a councilor, making it an actual bounden duty to appoint such a councilor committee.

Speaker Pyle: If there is no objection on the part of the assembly, this will serve as previous notice for another change in our Constitution and By-Laws next year.

We will next hear from the Chairman of the Business Committee, Dr. Penberthy of Wayne.

BUSINESS COMMITTEE

Dr. Penberthy read the report of the Business Committee. Dr. Biddle suggested that Item 3 be changed to read, "Next meeting of the House of Delegates," instead of "Next annual meeting."

Report of Business Committee

1. Report of the delegates to the American Medical Association. Your committee recommends its adoption.

2. The resolution requesting the House of Delegates of the Michigan State Medical Society to authorize the Public Health Education Committee to institute and conduct a state-wide radio campaign to broadcast popular medicine and to inform the public concerning the aims and activities of the state society, its component units and the work of its individual members and that negotiations be taken up with radio stations for the donation of time sufficient to present this important health message to the public is recommended.

3. The resolution introduced by Doctor Whittaker of Wayne, relative to medical economics, and because it involves so many basic problems of medical practice and the necessary amendment of many state and federal laws, your committee recommend that the resolution be referred to the council for its consideration with the recommendation that the special committee, if appointed, report the results of its findings at the next meeting of the House of Delegates.

4. The report of Industrial Relations Committee of the Wayne County Medical Society relative to ethics. Inasmuch as all points raised in this resolution are covered by our present code and that paragraph seven which reads as follows: "Any compensation case following injury in a factory being treated by a physician other than the regular company's surgeon shall not be interfered with in his treatment providing he shows reasonable skill and diligence in attending the case. It is provided, however, that the surgeon regularly employed by the company shall be privileged at proper times and under proper conditions to consult with the attending physician to determine the progress of the case if the employer or insurance company involved so request. Both physicians concerned shall preserve

a friendly relationship and make the welfare of the patient a paramount interest," conflicts with the state workman's compensation act which states that the employer shall furnish or cause to be furnished reasonable medical care. We do not recommend its adoption at this time.

5. Place of next annual meeting. We recommend that the invitation of Kalamazoo Academy of Medicine to hold the next annual meeting in Kalamazoo be accepted.

6. The chairman of the Council's supplemental report be adopted as read.

G. C. PENBERTHY
W. C. MCCUTCHEON
A. V. WENGER

Speaker Pyle: Gentlemen, there are several things taken up here, the report of the delegate to the American Medical Association, the resolution to institute a radio campaign, Dr. Whittaker's resolution, the report of the Industrial Relations Committee of Wayne County relative to ethics, the place of meeting, and the Council's supplementary report.

As far as No. 5 is concerned, the place of meeting will be taken up under the head of elections.

What is the wish of the assembly? Do you wish to adopt this report in its entirety, or do you want to divide the question and vote on each division?

Dr. Connelly (Wayne): I move each question be voted on separately.

The motion was seconded, put to a vote and carried.

Speaker Pyle: We will take them up separately. The Secretary will read them.

Reading Item No. 1

Dr. Biddle (Wayne): I move its adoption.

The motion was seconded, put to a vote and carried.

Reading of item No. 2.

Carney (Gratiot-Isabella-Clare): I move this be accepted.

The motion was seconded, put to a vote and carried.

Reading of item No. 3.

Dr. Curtis (Wayne): When is this next meeting of the House of Delegates? I think a year is entirely too long to wait on this question. I think we should get action and get it right now. I think a Committee should be appointed and should make this report in ninety days, or four months at the latest. Four months would give them ample time to make a survey and turn in a special report, and then we could get this cleaned up.

Dr. Biddle (Wayne): I asked that the word "annual" be eliminated for exactly that reason. I think we should ask for a report within sixty days on Dr. Whittaker's resolution. That is the reason I suggested that.

Dr. Curtis (Wayne): I would modify that to read 90 to 120 days, but not a whole year, as recommended by the Committee. I am not in favor of waiting a year.

Dr. Wenger (Kent): There is no motion before the house. This discussion is out of order.

Dr. Denham (Kent): I move you the adoption of the recommendation of the Committee.

Dr. Wenger (Kent): I second the motion.

Dr. Curtis (Wayne): I move we lay it on the table for this afternoon's session.

The motion was seconded by Lakoff of Wayne, put to a rising vote and lost by a vote of 20 in favor to 22 opposed.

Speaker Pyle: The motion made by Dr. Denham, that the recommendation of the Committee be adopted, is now before the house.

Dr. Whittaker (Wayne): I would like to say, before this motion is put to a vote, that various problems presented in that resolution came about as the result of a good many problems encountered last year when doing work for the State Medical Society. I think if you had all had the same opportunity we had of visiting some of the small county societies, you would have found a good many of the members having financial difficulties at this time. And while I don't like to refer to the depression, because I think it is only a temporary depression, I do think a critical period is at hand and I think we should recognize it.

In the city of Detroit, the Health Department have offered work to the doctors at 50c a treatment, and the doctors are anxious to do it. They were offered obstetrics cases, requiring night work and many calls, for $10 a case, and they were anxious to do it. The superintendent of the hospitals tells me he has had a great many applications from doctors for any kind of a job. The superintendent of Public Health has had the same experience, doctors begging for some kind of work so they will be able to pay their office rent.

So I would like to see some real study made of this problem which is causing so much difficulty in the profession, and I think a year is too long to put it off. The acuteness of the situation may be over then, and I think any help from the Society should come within the next few months.

Another thing I would like to mention is this: last year in trying to get support for the work we were doing throughout the state, we approached not only the doctors who are members of the State Society, but we also called for help from doctors who are not members. It was mentioned this morning that the State Society has 3,600 members. There must be 2,000 members of our profession in this state that are not members of the Society, so we do not have a large majority in our Society and there must be some reason for it. When we called on the doctors who are not members of the Society, asking them for help, we received many interesting replies as to why they did not care to help us and were not interested.

A good many of the doctors outside, and many desirable members, feel this Society as a society has not represented them in relations with the public in the way it should, and while I don't have a great deal of sympathy with men outside of the Society, I think our Society could go out and do more for the individuals in the profession than it has in the past. This resolution is aimed at that thing at this time. This is a resolution to make a study of the organizations practicing medicine on a big scale.

Dr. Luce (Wayne): I move as an amendment to the motion before the house, that the date for the report of the committee be fixed as of on or before the first of February, 1932.

Speaker Pyle: The chair would like to ask for information. As I understand it, this resolution pertaining to medical economics was referred to the Council for action. Apparently, some of the delegates want to set a definite date for that action. I would like to ask the Secretary, if we are going to take action by February 1, through what means we would take that action—through the Journal, or how are we going to get better results by taking this up the first of the year than by waiting until our regular meeting?

Dr. Gorsline (Calhoun): We could have a special meeting of the House of Delegates.

Secretary Warnshuis: The report of the Committee reads that the resolution of Dr. Whittaker shall be referred to the Council for its consideration, with the recommendation that a special committtee, if appointed, report the result of its findings at the next meeting of the House of Delegates.

Speaker Pyle: Now then, a motion was made by Dr. Denham that the recommendation of the Com-

mittee be adopted. An amendment was made by Dr. Luce, stating the time at or before which we expect this committee to report. Do you men in the assembly realize that Dr. Luce's amendment fixes the time for not later than February 1? Is there any discussion on this amendment?

Dr. Dutchess (Wayne): I would like to inquire if the amendment involves the calling of a special session of the House of Delegates.

Speaker Pyle: The inference is that it does.

Is there any further discussion on the amendment? All in favor of the amendment, say "Aye"; opposed, "Nay." The amendment is carried.

Now we will vote on Dr. Denham's motion as amended. Is there any discussion?

Dr. Baumgarten (Wayne): Does this motion that we are voting on now assume that this committee will be appointed? The Business Committee, in their report, say, "If a committee is appointed." In other words, they leave it to the discretion of the Council or someone whether or not they appoint such a committee. There is no direction from the House of Delegates to appoint the committee. We are assuming that the committtee is going to be appointed. I think the motion first in order is that such a committee be appointed, before we tell a committtee which hasn't been apointed, to make a report.

Speaker Pyle: I don't believe the House can tell the Council they shall appoint a committee, but the chair feels this is a strong recommendation.

Dr. Baumgarten (Wayne): I do believe that this House of Delegates can direct that a certain committee be appointed. The report says, "if a committee is appointed." It seems to me we are going backwards. The first thing to do is to direct that the committee be appointed, before we tell it to meet and report to us.

Speaker Pyle: Do you wish to offer an amendment?

Dr. Baumgarten (Wayne): I offer an amendment to the House of Delegates, that such a committee as recommended in this report, be appointed.

Speaker Pyle: Gentlemen, there is an amendment that this matter be referred to the Council, and that a committee report not later than February 1. This amendment is the direction of the appointment of the committee.

Dr. Carstens (Wayne): This morning I believe this resolution was referred to the Council because it involved the expenditure of money. Unfortunately, the Council did not have the privilege of reviewing this, as the only copy available was being mimeographed. Shortly before four o'clock, the Council requested Dr. Cook, Dr. LeFevre, and myself, to come here and discuss it with the House of Delegates.

Shortly before four o'clock, we saw Dr. Whittaker, but it is only within the last fifteen minutes that we have had an opportunity to talk this over with him. So the Council has taken no formal action. In fact, we haven't had the opportunity of going over it.

We understand, of course, that the Committee voted to make a rather comprehensive survey of social and economic conditions, which apparently will be very broad, and from a very informal discussion by the Council members, after the reading of the resolution this noon, it seems like a rather large order to be covered in 60 days.

Furthermore, they were not sure about the expense. There is an outlay of $5,000 here, and that sounded rather large at first. As you will recall, we have several hundred members in arrears, and amount in arrears being approximately $4,500 to $5,000, on which one year's time has been given. Our budget this year we hope will come out pretty nearly even, and $5,000, at least informally, without having studied the matter, sounded like a very large sum. So, inasmuch as the Council really has not considered it, possibly you might give that consideration in your discussion.

Dr. Cook (Genesee): The question now is directing that a committee be appointed, isn't it?

Speaker Pyle: That is the amendment before the house. The last amendment was to expunge several words and in place of the words, "if a committee is appointed," to direct that a committee be appointed.

Dr. Cook (Genesee): There is one thing I would like to say, but not that I have any definite opinion. I also, with Dr. Carstens, was asked to discuss this if it seemed necessary. I would like to call your attention to the fact that you already have a committee known as the Committee on Civic and Industrial Relations, who have made a considerable study of some of these problems. However, it may not have been satisfactorily done, that is, as exhaustively done as you feel it should have been done, and I would like it left, if it meets with your approval, so that if, in the opinion of the Council or the Chairman of the Council or the President, or whoever might appoint the committee, such a committee should be appointed, that Committee on Civic and Industrial Relations might function, because they have the data on hand at this time and might expedite such a report, and it would seem to me to be necessary that you use every facility to make it as rapidly gotten together as possible.

I would like also to call your attention to the fact that I do not feel that it should be done so rapidly that it is not done well. I believe this covers a big scope and a big field, and we should give that some thought.

Dr. Biddle (Wayne): If we pass this amendment directing the Council to appoint the committee, and if the Council says it hasn't the money, does that end the whole matter, or will the committee act anyway?

Dr. Cook (Genesee): In answer to Dr. Biddle's question, I think I can assure this body that if you direct that a committee be appointed, or it is your desire . . .

Dr. Biddle (Interrupting): That isn't the question. The question is, if the Council says it has not $5,000 to give to this committee, what is the use of directing the appointment of the committee if it will not have the funds to carry out the work?

Dr. Cook (Genesee): I think our Secretary can best answer that question. He knows our condition.

Secretary Warnshuis: Do you want to know how much money the Society has?

Dr. Biddle (Wayne): That isn't the point I raised. The point is, if they cannot give them $5,000, does that settle the work of the committee? Supposing they say they haven't got $5,000. The committee can't act according to Dr. Whittaker's recommendations without funds. Is that the destiny of the committee, or what?

Dr. Cook (Genesee): I would like to call the attention of this body to the fact that the establishment of a committee which shall spend up to $5,000 is a very bad precedent, because if every committee should have the privilege of spending $5,000 in order to make a study, I am sure our dues would not remain at $10. I am not satisfied with what the dues would have to be under those circumstances.

Dr. Biddle (Wayne): That is just the point.

Speaker Pyle: The way the chair understood this resolution, it is not a question of spending $5,000.

Dr. Gorsline (Calhoun): I think the Committee Dr. Cook referred to is Dr. Collisi's Committee. I would like to hear from Dr. Collisi what portion of the work as outlined in this recommendation the Committee has already covered.

Speaker Pyle: If there is no objection on the part

of the assembly, I will give Dr. Collisi the privilege of the floor.

Dr. Collisi (Kent): I just came in. What is the question?

Speaker Pyle: The question is this: Dr. Whittaker's address this morning on medical economics covered a great many subjects in relation to the boards of health, county health officers and free clinics—a very broad subject. That resolution was referred to the Business Committee, Dr. Penberthy reporting, Dr. Denham moving to adopt their recommendation, Dr. Luce setting a time for the Council or committee to report back to the House of Delegates as not later than February 1, then another amendment saying that the House of Delegates direct the appointment of a committee, then in the discussion it was brought out that we already have an Industrial Relations Committee.

Now, the gentleman asks for information, just how much the Industrial Relations Committee has already done with these matters.

Dr. Collisi (Kent): The Civic and Industrial Relations Committee made a study of the clinic situation throughout the state by sending out questionnaires, the answers to which were tabulated and were previously reported in the Journal or in the report that was published in the Journal, two years ago. I don't recall exactly what the questions were, but anyway, it was along that line. This morning when Dr. Whittaker brought up the question, I recalled the fact that part of the work which he mentioned in regard to the clinics had already been covered two years ago.

When it comes to the matter of the expense of getting that information, I can't answer that. The expenses two years ago were the amount that was expended for traveling expenses of various members to Detroit for the meeting of the Committee.

Speaker Pyle: The chair feels there is no obstacle in accepting this, because the Council is asked to make a study through a committee. If they choose to turn it over to the Industrial Relations Committee, or part of them, that wouldn't interfere with the sense of the resolution.

Now, we have this amendment before the house to direct that a committee be appointed. Is there any further discussion on the amendment?

The amendment was put to a vote and carried.

Speaker Pyle: Now, the question is that this resolution as stated by Dr. Penberthy be adopted as amended by Dr. Luce of Wayne, that this committee report back not later than February 2, and then amended to expunge the words, "if a committee is appointed," directing that a committee be appointed.

Dr. Dutchess (Wayne): I woner if we shouldn't be reminded at this point that that involves this report being made to a special meeting of the House of Delegates.

Speaker Pyle: The chair would like to ask for information. Does the Council have the right to call a special meeting?

Secretary Warnshuis: Section 3 of Article 7 of the Constitution: "Special meetings of the House of Delegates shall be called by the Council, on a petition signed by thirty delegates who served at the last regular session of the House. It is distinctly provided that in petitioning for a special session of the House of Delegates not more than fifteen petitioners shall come from one county society."

In order to have a special meeing, after you have expressed your desire to have a special meeting, it is necessary for someone to formulate and pass a petition which is directed to the Council, which will then make it obligatory upon the Council to call a special meeting of the House of Delegates.

Dr. Cook (Genesee): Could not this body adjourn until that time? That would save that necessity.

Speaker Pyle: The chair feels there is sufficient interest shown in this thing that it will come spontaneously. The chair feels it is of sufficient importance for a special meeting to be called.

Gentlemen, is there any more discussion on the motion as amended?

The motion was put to a vote and carried.

Reading of Item 4 of the Business Committee's report.

Speaker Pyle: What is your pleasure, gentlemen, regarding this portion of the Committee's report?

Dr. Hirschmann (Wayne): I move the recommendation be adopted.

The motion was seconded.

Speaker Pyle: Is there any discussion?

Dr. Baumgarten (Wayne): I would like to ask the Committee in what respect there is any conflict between this resolution and the state law.

Dr. Penberthy (Wayne): The Compensation Act as it now reads stipulates that the employer shall furnish or cause to be furnished reasonable medical care. Under such circumstances, the employer has a right to select his surgeon. If, on the other hand, an injured employee is treated by another doctor, provided the company will approve of the treatment, and also if the company objects, then it is up to the individual injured to pay for his own medical care.

Dr. La Bine (Houghton-Baraga-Keweenaw): I have had a great deal to do with compensation cases in the last few years, and I have had great issue with the mining companies in regard to taking care of their injured employees. Any man working for whom it may concern, who gets injured, may employ any physician, whether or not the company has one, and that physician is paid in full for all his services, and during the time that patient wishes to have his physician take care of him, the company physician has nothing whatever to do with the case, even to the extent that until the time it comes before the Compensation Board, at which time an order is issued that the company physician has a right to go in and make an examination with the attending physician.

In other words, the law reads that the man shall receive medical treatment by any reputable physician, and the law does not state in any way, shape, or form, that the man has to be a doctor employed by the company. It just states that he must be a reputable physician, and when this physician takes the case, he has full charge of the case right through, and an order can be issued by the company that he be paid.

Dr. Baumgarten (Wayne): That answers my question, I believe, and another thing I would like to say is this: that, I believe, is one of the most common abuses which surgeons and physicians meet with in practice, or in taking care of industrial cases. It is a common practice, also, of some industrial surgeons to lead others to believe that is the correct interpretation of the law. We run up against that thing every day, and if there has ever been any other interpretation, I would like to know what it is. If there hasn't been anything to the contrary, I believe this resolution should be adopted.

Dr. Denham (Kent): I may cite you a particular instance in which this case came up, and it was decided by the Board of Industry and Labor. A man was injured in a factory, and knowing that the factory had a regularly employed surgeon, he called in his family physician. He was treated over a period of time by the family physician, and he attempted to collect a surgical fee. It was ruled by the Board of Industry and Labor that this man had knowledge of who the employer's surgeon was, and therefore the man would have to pay his own bill.

It is very true that the employer has the right to name the surgeon who takes care of his employee,

in that he is responsible for the welfare of that man, under the law.

Speaker Pyle: Is there any further discussion on this motion? The question, then, is on the adoption of Part 4 of the Committee's report, regarding the report of the Industrial Relations Committee.

The motion was put to a vote and lost.

Dr. Biddle (Wayne): Does that mean, Mr. Chairman, that we adopt the resolution?

Secretary Warnshuis: The question now is, what do you wish to do with the communication you received from Dr. McCormick?

Dr. Lakoff (Wayne): I think it is up to the House of Delegates to work out a plan, so in case the law states that the insurance company has a right to send these patients to a certain doctor, this can be changed and the Michigan State Medical Society can go on record in establishing the fact that the patient belongs to the family physician, and that the family physician has full control of that case. That abuse has been going on for years, and it seems that the medical profession is afraid to go out in the open and fight that sort of abuse. I think when a patient is injured, he has a right to select his own doctor, and we should fight right here for that right.

Speaker Pyle: There is no motion before the house. Does anyone wish to make a motion regarding this?

Dr. Lakoff (Wayne): I will put that in the form of a motion. The motion is that the Michigan State Medical Society be on record as favoring that the patient injured while at work has a right to select his own doctor for treatment.

The motion was seconded by Andries of Wayne.

Speaker Pyle: Is there any discussion?

Dr. Woodworth (Wayne): Does that bring up the question as to whether or not he may have the right to select his own physician? I understand from some of the discussion I have heard that he has that right now, but the question is, who pays the bill? Should there not be something incorporated in there that he not only has the right to select his own physician, but the employer shall pay the bill?

Speaker Pyle: Do you wish to amend the motion?

Dr. Woodworth (Wayne): I was asking as a matter of information.

Dr. Traynor (Mecosta): Can't this man select his own physician, or select whom he cares to have treat him, on the same basis that he can select a chiropractor or osteopath, or anyone else?

Speaker Pyle: Does anyone wish to answer the gentleman's question?

The motion was put to a vote and lost.

Dr. Whittaker (Wayne): Mr. Chairman, I move the resolution by Dr. McCormick be accepted by this body, and that the matter be referred to the Legislative Committee of the Michigan State Medical Society, that they may attempt to have the law changed in conformity with that resolution.

The motion was seconded, put to a vote and carried.

Secretary Warnshuis: The next item is regarding the next annual meeting, and, as the speaker rules, that will come up at the evening session.

The last item is a recommendation that the Chairman of the Council's supplementary report be adopted.

Dr. Andries (Wayne): I move we adopt it.

The motion was seconded, put to a vote and carried.

Dr. Penberthy (Wayne): I move, then, that the report as submitted and amended be adopted.

The motion was seconded by Hirschmann of Wayne, put to a vote and carried.

Speaker Pyle: Is there any unfinished business to come before the house at this time?

Dr. Dutchess (Wayne): I believe the motion to have this special committee report back before February 1, was carried. Would it not be advisable to make preparations to have that meeting called?

Speaker Pyle: As the Secretary read from the Constitution, it depends upon a petition being signed by a certain number of delegates, proportioned in a certain way, petitioning the Council to call a meeting, so I presume we will have to wait for that.

Dr. Dutchess (Wayne): I believe Dr. Cook suggested that we could recess instead of adjourning this meeting.

Dr. Cook (Genesee): I think when we adjourn this evening, we could make a motion that the next meeting would be an adjourned session of this meeting. I am not sure about that, but it has been done in other parliamentary bodies.

Dr. Hirschmann (Wayne): It states on page 6 of this report that the committee be instructed to report—it was changed to not later than the first of February—to the House of Delegates at a special meeting, and that was changed to read the next meeting. The next meeting will be a special meeting and will have to be called by a petition. We can't do it at an adjourned session of this meeting. It must be a new meeting.

Secretary Warnshuis: A body that does not meet oftener than quarterly cannot adjourn over that time. A body that meets only once a year cannot adjourn, to meet again in one month, two months, or three months.

Member: Read Robert's Rules of Order, please.

Secretary Warnshius: "When the adjournment closes a session in an assembly which does not meet as often as quarterly, all pending business falls with the adjournment and must be introduced at the next session as new business."

Speaker Pyle: As the chair stated before, I think there is sufficient interest in this matter that the petition will be forthcoming and we will have the special session.

Dr. Andrews (Kalamazoo-Allegan-VanBuren): I move you that a petition calling for a special meeting on the first day of February, or before, be started at this time.

Dr. Hirschmann (Wayne): That is entirely out of order. That is not a matter to come up before the House as so constituted. That is a matter for the individual members to take care of. If a bunch want to get together in a corner and sign a petition, that is the way to do it.

Dr. Curtis (Wayne): Section 1 of Chapter 3 says the House of Delegates may specify its own time for meeting. Anything in Robert's Rules of Order that conflicts with our Constitution and By-Laws is not binding.

Dr. Wenger (Kent): That has reference to the time of day we are in session.

Dr. Curtis (Wayne): "The House of Delegates shall meet annually at the time and place of the Annual Session and may hold such number of sessions as the House may determine and its business require, adjourning from day to day as may be necessary to complete its business and specifying its own time for the holding of its sessions."

Speaker Pyle: This is a meeting, and these different gatherings are sessions.

Dr. Curtis (Wayne): Very true. Therefore, we could hold over the third session until the first of January if we wish, because it says we may specify the time.

Speaker Pyle: That is from day to day, not from month to month.

Dr. Curtis (Wayne): That is very true, but it goes on to say, "and specifying its own time for the holding of its sessions."

Speaker Pyle: Holding of sessions but not meet-

ings. This is a meeting, and we have three sessions.

Dr. Curtis (Wayne): This is the first session. This is a recessed session of the first session now.

Speaker Pyle: The chair rules that this is the second session.

Dr. Curtis (Wayne): I appeal to the house on the statement that the Speaker of this House made at the opening of this session.

Speaker Pyle: An appeal has been made to the House. Shall the decision of the chair be sustained? What is your pleasure?

Dr. Wenger (Kent): I move the decision of the chair be sustained.

Dr. Hirschmann (Wayne): What was the decision of the chair?

Speaker Pyle: The decision of the chair was this: that according to our Constitution, we could not carry this matter over and call a continued meeting the first of February.

Dr. Curtis (Wayne): That is not the decision of the chair. You stated it was your decision that this was the second session. At the opening of the meeting, you stated it was a continuation of this morning's session.

Speaker Pyle: There is a question before the house. The chair will ask for a rising vote. Will the decision of the chair be sustained?

Member: Mr. Chairman, which decision?

Dr. Brook (Kent): May I ask whether or not a motion to adjourn was made this morning?

Dr. Biddle (Wayne): I moved we recess, to meet at four o'clock.

Dr. Curtis (Wayne): Mr. Speaker, I wish to inform the house that should they vote to uphold the chair in his decision, the moment we adjourn from this session we can bring up no further business today except by the unanimous consent of the whole house.

Dr. Luce (Wayne): The minutes of this morning's meeting will decide whether this is a meeting following a recess, or the second meeting.

Speaker Pyle: The chair feels this is not at all important. It is irrelevant and dilatory. The chair will now rule that he is not sustained. That closes the matter. (Laughter and applause.)

SPEAKER'S BADGE

Dr. Brook (Kent): Most of us have our coats off, but those of us who have them on, I notice, are wearing a badge. When I look at our Speaker, I see he is badgeless—not speechless but badgeless.

Now, it seems that a year ago this house or the Council took some action to provide the president of the Michigan State Medical Society with a special badge worthy of the office, but they forgot our speaker, and I move, Mr. Chairman, because of that fact, that the Council be requested to furnish to our speaker a special badge designating the office, similar to the one the president wears.

Speaker Pyle: The chair would like to entertain an amendment that the motion be retroactive so the speaker will get the three he has missed. (Laughter.)

Are you ready for the motion?

The motion was put to a vote and carried.

Speaker Pyle: Is there any unfinished business to come before the house?

Dr. Curtis (Wayne): I move that the second session of this House of Delegates be started ten minutes after the adjournment of this session.

The motion was put to a vote and carried.

The meeting adjourned at five-fifteen o'clock.

Second Session

TUESDAY AFTERNOON SESSION

September 22, 1931

The second session of the House of Delegates of the Michigan State Medical Society was called to order at five twenty-five o'clock by Speaker Pyle.

Speaker Pyle: The meeting will please come to order.

Dr. Curtis (Wayne): I move the roll call of the first session constitute the roll call of this session.

The motion was seconded, put to a vote and carried.

Speaker Pyle: Is there any further business?

Dr. Traynor (Mecosta): In the report of the Chairman of the Council this morning, there was a recommendation made affecting the scientific sessions, and the time allotted to the special sessions and the general sessions. As far as I heard, no action was taken on this by the Committee on Business. I believe that should be considered.

Dr. Penberthy (Wayne): The Committee was not furnished with the report of the Council.

Speaker Pyle: I don't know how this happened, but the report of the Council which was read by Dr. Corbus was supposed to have gone to Dr. Penberthy's Committee, and if it has not been considered by them, it might be well for them to take the report and consider it between now and the evening session, and bring in a report at that time.

Dr. Curtis (Wayne): Can that he brought up under business?

Secretary Warnshuis: As a supplementary report of the Business Committee.

Speaker Pyle: Is there any other business, gentlemen?

Dr. Curtis (Wayne): Mr. Chairman, I move we adjourn until seven-thirty.

The motion was put to a vote and carried and the meeting adjourned at 5:30 o'clock.

Third Session

TUESDAY EVENING SESSION

September 22, 1931

The third session of the House of Delegates of the Michigan State Medical Society was called to order at seven-forty o'clock by Speaker Pyle.

Speaker Pyle: Gentlemen, let's come to order.

The secretary will call the roll, please.

Secretary Warnshuis: Mr. Speaker and Members of the House: I hold in my hand the signed roll call of 40 delegates. I move, sir, this constitute the roll call of the third session of this house.

The motion was seconded, put to a vote and carried.

Speaker Pyle: There was one matter held over from the second session, and that was part of the work of the Business Committee. We will ask Dr. Penberthy to read his supplementary report at this time.

Dr. Penberthy read his supplementary report.

SUPPLEMENTARY REPORT—BUSINESS COMMITTEE

1. The Committee concurs in the Council's recommendation for a moratorium on dues, extending subscription to THE JOURNAL, and legal protection for one year.

2. The Committee accords hearty support to the activities of the Executive Committee in relation to their interest in supporting the work of the various committees, county societies, and newspapers providing a health column and lectures given to high school students in regard to public health and scientific medicine. The work of the Joint Committee on Public Health Education is commendable. The desire to establish closer contacts and helpful assistance to the several foundations and State Department of Health in establishing and operating county health units. Such foundations as the Children's Fund and Anti-Tuberculosis Society have expressed a desire to maintain a closer liaison with the Society and the profession, extending an invitation to appoint representatives upon their advisory boards. The Council designated the Chairman to represent the Society.

3. The Committee heartily approves and endorses the activity of the Council in making available postgraduate work and instruction, and recommends the continuation of these activities as far as possible.

4. It is recommended that the House support the recommendation of the Council in suggesting a change in the type of program for the Annual Meeting. The question arises—should there be limited Section meetings one day with two or possibly three sessions and devoting the second day to a general meeting with a program of case demonstrations and one-half hour discussions given by a selected list of recognized clinicians?

5. The Committee heartily approves the work of the Legislative Committee and recommendation of the Council that the legislative policy as adopted be continued

6. The Committee endorses the stand taken by the Council relating to corporation practice.

(Signed) G. C. PENBERTHY,
W. C. MCCUTCHEON,
A. V. WENGER.

Speaker Pyle: Gentlemen, you have received the report. What is your pleasure?

Dr. McKean (Wayne): I move it be accepted.

The motion was seconded by Connelly of Wayne.

Speaker Pyle: Is there any discussion?

Dr. Denham (Kent): Just what is meant by a moratorium here? Does that mean that all of those members who were in good standing last year will be carried, the Journal mailed to them, and they will have the legal protection of the Society? How do we know that a number of those members do not care to resign? Why wouldn't it be a good idea to have each member who cares to continue, but is not able to pay his dues, give the Society a note for his dues, and thereby make him a member in good standing? Then we would have a record of the fact that they did want to continue as members of the Society, and we would have the note as an indication that they wanted to be members in good standing.

Dr. Penberthy (Wayne): The only information I have is what the Council has recommended. We as a committee approved the recommendation of the Council in allowing the members who have not paid their dues this year, to be carried one year. Now, I think Dr. Denham's suggestion would place on record the action of the various members that are now delinquent. It would be an expression of their feeling toward the Society.

Dr. Denham (Kent): In giving these notes and paying their dues by notes, it would give the Society a greater representation at the next meeting of the House of Delegates, would it not? If we meet before the first of February, as we decided this afternoon to do, it will give each society a greater representation. If they had paid their dues with a note, we could consider them members in good standing, and each society would have a larger number of delegates.

Speaker Pyle: Is there any further discussion? The motion is on the adoption of the report of the Reference Committee.

Dr. Penberthy (Wayne): I think there should be some discussion relative to the change of the programs. If we adopt this as a whole, that will cut off that discussion.

Speaker Pyle: Do you want to divide the question, gentlemen, and discuss it further? What is your pleasure?

Dr. Baumgarten (Wayne): Why not take this report apart like we did this afternoon? We can go over it rapidly and pass on each part separately.

Reading of Item 1 of the supplementary report of the Business Committee.

Speaker Pyle: What do you wish to do with this portion of the report?

Dr. Biddle (Wayne): I move its adoption.

The motion was seconded.

Dr. Denham (Kent): I move that be amended so that the members who are now in arrears, who care to continue as members of the Society, may be allowed to pay their dues by note, thereby giving each society greater strength in the House of Delegates.

Dr. Curtis (Wayne): That wouldn't work unless the county societies received their dues at the same time. This amendment will not work unless these men pay their county as well as their state dues, because they have to be paid up in the county before they can be allowed their prorated number of delegates.

Dr. Denham (Kent): I accept that criticism and suggest that instead of making it state dues, we say a note including state and county dues.

Dr. Morris (St. Joseph): I second the motion.

Secretary Warnshuis reread Item I, adding the words, "Providing the member supply his county society with a note to include his county and state dues."

Dr. Hirschmann (Wayne): If he pays his dues by note, that is not a moratorium. That changes the verbiage of that amendment, so if you will substitute note for moratorium it will be all right.

Dr. Curtis (Wayne): The moratorium is now in existence, and this won't go into existence until it is worked out and the time fixed. The moratorium was extended by your Executive Council. It still stands.

The amendment was put to a vote and carried.

Speaker Pyle: We will now vote on the motion as amended. Is there any discussion, gentlemen?

The motion was put to a vote and carried.

Reading of Item 2 of the Committee's report.

Speaker Pyle: Gentlemen, what is your pleasure regarding the division as read by the Secretary?

Dr. Biddle (Wayne): I move its adoption.

The motion was seconded by McKean of Wayne, put to a vote and carried.

Reading of Item 3.

Speaker Pyle: What is your pleasure, gentlemen?

Dr. Gorsline (Calhoun): I move its adoption.

The motion was seconded, put to a vote and carried.

Reading of Item 4.

Secretary Warnshuis: The Committee makes no recommendation.

Dr. Baumgarten (Wayne): Does that general meeting mean a meeting of the entire Society, rather than by sections? I wonder if that could always be done in places where the meeting is held, whether there would always be room to hold a meeting with case demonstrations, whether that would be practical.

Speaker Pyle: Does someone want to make a motion on this?

Dr. Ellet (Berrien): I move this portion of the report be adopted.

Dr. Curtis (Wayne): I would like to amend the motion with the suggestion to the Council that they work this out themselves and not have it threshed out on the floor of the house. They have no definite plan, but I would suggest we refer it to the Council for final action.

Secretary Warnshuis: Dr. Curtis and Members of the House: May I suggest, the scientific program of the Society is worked out by the Scientific Committee, which is composed of the chairman and secretary of each section, of which we have six. If you, in place of moving that the Council work this out, propose that the Scientific Committee, composed of the chairman and secretary of each section, determine whether or not they want such a program, I believe that is a better way to handle it.

Dr. Curtis (Wayne): I accept the correction.

Speaker Pyle: We will vote on the motion as amended by Dr. Curtis, he having changed his amendment to conform with Secretary Warnshuis' suggestion.

The motion was put to a vote and carried.

Reading of Item 5.

Speaker Pyle: What is your pleasure, gentlemen?

Dr. McKean (Wayne): I move its adoption.

The motion was seconded.

Speaker Pyle: Is there any discussion?

Dr. Curtis (Wayne): May I ask the Legislative Committee just what their program or their policy is. Some of them don't seem to know.

Speaker Pyle: Is any member of the Legislative Committee here?

Dr. Whittaker (Wayne): I think Dr. Sundwall outlined the program and policy of the Legislative Committee very fully this morning, and in addition to that, in the last Journal it is very well outlined. I think the policy, as such, varies from year to year, depending upon the situation in Lansing. I should say roughly it was the policy of the Society last year to not present any new legislation to the Legislature, but to pass carefully on what was proposed up there, and if the laws and bills were not desirable, to attempt to defeat them.

It probably was meant by the Council to continue that same policy. However, I might say here that I feel that our legislative policy is a little bit cramped in a way, and I am in favor of being a little more aggressive, particularly in the future. I would like to see us get behind the proposal of Dr. Sundwall to have all medical licensure localized in a state board, and thereby taken out of our hands so we will not be criticized for taking work away from another group. However, we have no hard and fast policy to follow.

Dr. Curtis (Wayne): Meaning, we have no policy.

Dr. Ellet (Berrien): If we have no policy, how can we adopt it?

Speaker Pyle: We are not adopting a policy.

Dr. Ellet (Berrien): As that reads, we will accept the recommendation for the policy the Legislative Committee is going to follow. How are we going to do that if it changes from year to year? We can't endorse it very well.

Dr. Whittaker (Wayne): I think, myself, that recommendation is a little bit hard to interpret, and I would suggest that you call on the Council and ask them for their meaning regarding that recommendation.

Speaker Pyle: Is there any further discussion?

We are voting on the adoption of the recommendation of the Committee in Item 5. Are you ready for the question?

The motion was put to a vote and carried.

Reading of Item 6.

Speaker Pyle: Do you wish to take any action on that part of the Committee's report? The chair will entertain a motion for its adoption or rejection.

Dr. Curtis (Wayne): I move we accept the Council's viewing-with-alarm policy regarding legislation.

The motion was seconded, put to a vote and carried.

Dr. Penberthy (Wayne): I move you, Mr. Speaker, that the report as submitted be adopted as a whole.

The motion was seconded, put to a vote and carried.

Speaker Pyle: Do any of the reference committees wish to make any supplementary report of any kind?

PETITION FOR SPECIAL SESSION

Dr. Carstens (Wayne): May I present the petition, signed by 43 delegates, requesting that the Council call a special meeting of the House of Delegates before February 1?

Secretary Warnshuis: In order that it may be a matter of the record of the meeting, would you permit and rule that the Secretary shall read this petition?

Speaker Pyle: I so rule.

Secretary Warnshuis: "We, the undersigned delegates to the 111th Annual Meeting of the Michigan State Medical Society, do petition the honorable Council of said Society to call a special meeting of the House of Delegates on or before February 1, to consider Dr. Whittaker's resolution.

(Signed by)

Curtis, Wayne
Catherwood, Wayne
Hafford, Calhoun
Langford, Washtenaw
Reveno, Wayne
Allen, Wayne
Gariepy, Wayne
Connelly, Wayne
Gorsline, Calhoun
Morris, St. Joseph
Luce, Wayne
Estabrook, Wayne
Plaggemeyer, Wayne
Hasley, Wayne
Maurer, Tuscola
Woodworth, Wayne
Lakoff, Wayne
Whittaker, Wayne
Perry, Luce
Vanderventer, Marquette-Alger
McClintic, Wayne
McKean, Wayne
Ellet, Berrien
Robinson, Manistee
Ekelund, Oakland
Trainer, Mecosta
Switzer, Mason
Andrews, Kalamazoo-Allegan-Van Buren
Mercer, Oakland
Curry, Genesee
Connell, Genesee
Reeder, Genesee
Burns, Antrim-Charlevoix-Emmet-Cheboygan
McNabb, Kalamazoo-Allegan-Van Buren
Brook, Kent
McCutcheon, Cass
Lohr, Saginaw
Wenger, Kent
Wilson, Kent
Stickley, Ottawa
Christian, Ingham
Brooker, Ingham"

Dr. Curtis (Wayne): I move you, as a matter of record, that the Secretary be instructed to count the number of delegates from one county, so there will be no misunderstanding.

Secretary Warnshuis: There are fifteen signatures from Wayne County.

Dr. Biddle (Wayne): May I ask a question? The members of the House of Delegates of Wayne are elected in January. If this meeting is not called until after that time, and there is a new membership in the House of Delegates, must a new petition come in from that body, or can the Secretary of this body fix this meeting for another House?

Speaker Pyle: It is the opinion of the chair that this constitutes a call, according to our Constitution. We have this signed petition to the Council. It does not say who shall be the delegates.

Dr. Biddle (Wayne): Will it constitute a call of an entirely new House?

Dr. Curtis (Wayne): These men will not be certified as delegates until after the first of February.

Dr. Biddle (Wayne): Can the present House of Delegates fix the meeting for the other?

Speaker Pyle: The only way we can call a special meeting is in the way we have done it here. The chair feels this constitutes a call.

Dr. Andrews (Kalamazoo-Allegan-Van Buren): The place of meeting was not designated. Was that omitted intentionally?

Speaker Pyle: The chair is willing to hear discussion on the place of this meeting.

Dr. Riley (Jackson): I move we hold it in Jackson.

Dr. O'Mera (Jackson): I second the motion.

Speaker Pyle: You have heard the motion as stated by Dr. Riley and supported by Dr. O'Meara of Jackson, that we have this special meeting at Jackson. Is there any discussion?

Dr. Denham (Kent): Isn't that up to the Council or Board?

Speaker Pyle: The Council provides for the meeting, but I don't believe the Council is particularly interested in knowing where we have it.

Possibly some of the members in the assembly would like to know what inducements there are in Jackson for the first of February.

The motion was put to a vote and carried.

Speaker Pyle: Does any other committee wish to report at this time? If not, the chair will entertain nominations for the office of president-elect.

NOMINATIONS

Dr. Penberthy (Wayne): I would like to place before the House of Delegates the name of a Wayne County gentleman, one well known to all of you, one who has been active in state activities, one who has just recently been president of the Wayne County Medical Society, carrying the Society through the year in a manner that reflects great credit on this particular gentleman.

He has been a member of the Legislative Committee, and we in Wayne feel that we would like to have the next president-elect.

The president-elect will be expected to devote considerable time to the activities of the Society. It will be a legislative year when he takes office, and it is, therefore, with great pleasure that I give you the name of Dr. J. Milton Robb as a candidate for the office of president-elect.

Dr. Gorsline (Calhoun): On behalf of myself, individually, and with the concurrence of Dr. Hafford, the other delegate from Calhoun, it gives me great pleasure to support that nomination.

Dr. Brook (Kent): In behalf of Kent County, and with the concurrence of the balance of the delegates, I would like to support the nomination of Dr. Robb.

Dr. Carstens (Wayne): I move the nominations be closed.

The motion was seconded, put to a vote and carried.

Dr. Connelly (Wayne): I move the Secretary be instructed to cast the ballot for the candidate.

The motion was seconded, put to a vote and carried.

Secretary Warnshuis: The Secretary hereby casts the ballot of the House for Dr. Robb for president-elect of the Michigan State Medical Society.

Speaker Pyle: And the chair declares Dr. Robb unanimously elected to the office of president-elect. (Applause.)

We will now vote on the place of meeting. Is there any discussion on that?

Dr. Andrews (Kalamazoo-Allegan-Van Buren): Mr. Speaker, Kalamazoo will attempt to vie with Jackson in entertaining the next annual meeting, if you so desire, and I would like to move you that the next annual meeting be held at Kalamazoo.

The motion was seconded by McNabb of Kalamazoo, put to a vote and carried.

Speaker Pyle: Nominations are now in order for delegate to the American Medical Association to succeed Dr. Carl F. Moll.

Dr. Hasley (Wayne): Mr. Speaker, Members of the House of Delegates: I would like to propose the name of a man from the rank and file, who in years of service has gained a wonderful amount of information which is very valuable to the Michigan State Medical Society. He is a past-president of his local society. He has been the chairman of the Local Committee of the meeting of the A. M. A., and he is the past-president of our magnificant Michigan State Medical Society.

I propose the name of a Wayne County gentleman, not that the people of Wayne want everything, but because they feel he is able to render us a great service, Dr. Louis Hirschmann.

Dr. Reeder (Genesee): The man whose name I propose to offer to you needs no introduction or flowery remarks pertaining to his past. You all know him well. You have given him the highest honor of the state, just as Dr. Hirschmann has held the highest position of the state. He has served you well for years and he is going to continue to serve you even better this coming year. He has had years of experience in the American Medical Association, which I believe would bear great weight for us, if we should elect again Dr. Carl Moll of Flint.

Speaker Pyle: Are there any further nominations? If not, the chair will declare the nominations closed and appoint as tellers Doctors Curtis of Wayne, Denham of Kent, Morris of St. Joseph, Westgate of Lenawee, Garber of Muskegon.

Balloting and counting ballots for delegate to American Medical Association.

Dr. Curtis (Chairman of tellers): Mr. Speaker, 62 ballots were cast. Dr. Hirschmann received 36 and Dr. Moll received 26.

Speaker Pyle: The chair declares Dr. Hirschmann elected as delegate to the American Medical Association.

Nominations for alternate delegate to A. M. A. are in order, gentlemen.

Dr. Dutchess (Wayne): I nominate Dr. Moll of Genesee.

Dr. LaBine (Houghton-Baraga-Keweenaw): I wish to nominate a man from the Upper Peninsula. You don't hear of us up there very much. I wish to nominate Dr. Perry of Newberry, a man who has attended meetings of all kinds year after year, in the state of Michigan. I am sure, in our modest way, we wish you to just vote for him as an alternate from the Upper Peninsula.

Speaker Pyle: Dr. Moll and Dr. Perry have been nominated as alternate to succeed Dr. Cassidy whose term has expired. Are there any further nominations? If not, the nominations are closed.

Balloting for alternate.

Speaker Pyle: Have all those voted who wish to? If so, I declare the ballot closed.

Counting of ballots.

Dr. Curtis (Chairman of tellers): There were 58 ballots cast, of which Dr. Perry received 36 and Dr. Moll 22.

Speaker Pyle: The chair declares Dr. Perry elected alternate to the American Medical Association to succeed Dr. Cassidy.

Nominations are in order for alternate to A. M. A. to succeed Dr. Hornbogen, deceased.

Dr. Hirschmann (Wayne): There is no question in my mind, or anybody else's, but what Michigan needs trained and experienced men in the House of Delegates of the A. M. A. There is a very definite feeling in this Association, evidenced several years ago, that we want to keep men on the job who know the ropes. We have shown here a sense of fairness to the Upper Peninsula in electing Dr. Perry to fill Dr. Cassidy's shoes, and now as a sense of fairness, not from a geographical standpoint, I nominate Dr. Moll as alternate to succeed Dr. Hornbogen.

Dr. Curtis (Wayne): I move the nominations be closed.

The motion was put to a vote and carried.

Dr. Hirschmann (Wayne): I move the Secretary be instructed to cast the ballot of this House for Dr. Moll.

The motion was seconded, put to a vote and carried.

Secretary Warnshuis: Mr. Speaker, your Secretary does so cast.

Speaker Pyle: I declare Mr. Moll elected alternate delegate to the American Medical Association to succeed Dr. Hornbogen, deceased.

Nominations for councilor are in order. First of all, we will listen to nominations for councilor to succeed Dr. C. E. Boys of the 4th District.

Dr. Andrews (Kalamazoo-Allegan-Van Buren): Mr. Speaker, Members of the House: I wish to place in nomination the name of Dr. Boys to succeed himself. Dr. Boys, in his service to the Society, has given unstintingly of his time and money, and I know he will continue in the future to act as ably as he has in the past.

Dr. McNabb (Kalamazoo-Allegan-Van Buren): I wish to second the nomination of Dr. Boys of the 4th District to succeed himself.

Dr. McCutcheon (Cass): I desire to place in nomination the name of Dr. W. C. Ellet of Benton Harbor. Dr. Ellet is the secretary of the Berrien County Medical Society. The position of councilor has been held by Kalamazoo County since 1902, and the western part of the District feel that they ought to be represented.

Speaker Pyle: Are there any further nominations, gentlemen? The tellers will spread the ballots, and we will vote on Dr. Boys and Dr. Ellet as councilor of the 4th District.

Balloting.

Speaker Pyle: Gentlemen, has everyone voted who wishes to? If so, the chair declares the ballot closed.

Counting ballots.

Dr. Curtis (Chairman of tellers): There were 60 votes cast, of which Dr. Boys received 31 and Dr. Ellet 29.

Speaker Pyle: The chair declares Dr. Boys elected as councilor of the 4th District to succeed himself.

Nominations are in order for councilor of the 5th District to succeed Dr. Corbus.

Dr. Wenger (Kent): The delegates of the 5th District, in caucus, present the name of Dr. Corbus.

Dr. Brook (Kent): I move the nominations be closed and the Secretary be instructed to cast the ballot of this House of Delegates for Dr. Corbus.

The motion was seconded by Morris of St. Joseph, put to a vote and carried.

Secretary Warnshuis: Your Secretary does so cast.

Speaker Pyle: I declare Dr. Burton R. Corbus councilor for the 5th District.

Nominations for the councilor of the 6th District are in order, to succeed Dr. Henry Cook.

Dr. Greene (Shiawassee): I regret to say there has been a little dissension on the part of the delegates from the 6th District. This morning they held a caucus and seemed to agree on their candidate, but after the afternoon session, the delegates from this man's home county seemed to feel he hadn't acquitted himself very well; they said he had been on his feet six times and they didn't know what it was all about yet. But we delegates from the other counties, Clinton and Shiawassee, finally convinced them that this man made up for his lack of "articulativeness" in his energy and faithfulness, so I would like to place in nomination the name of Dr. Henry Cook. (Laughter and applause.)

Dr. Biddle (Wayne): I move the nominations be closed.

The motion was seconded, put to a vote and carried.

Speaker Pyle: There being no dissenting voice, the chair declares Henry Cook elected as councilor of the 6th District.

Secretary Warnshuis: There have been nominated to the House of Delegates for honorary membership, Dr. L. A. Rowland of Grand Rapids, Kent County Medical Society, Dr. S. L. Rozema of Grand Rapids, member of the Kent County Medical Society, and Dr. H. B. Kiehle of Lapeer, Michigan, and Dr. Reed of the Northern Michigan Medical Society.

Those are the only nominations which have come to your Secretary.

Dr. Foley (Alpena): I would like to place in nomination the name of Dr. Harney, who has been practicing for forty-six years.

Dr. Cook (Genesee): I will support that nomination.

Dr. Riley (Jackson): I would like to place in nomination the name of Dr. Fred W. Rogers of Jackson.

Dr. Traynor (Mecosta): I would like to place in nomination the name of Dr. G. O. Switzer of Ludington for honorary membership.

Speaker Pyle: The chair will entertain a motion to elect these gentlemen to honorary membership.

Dr. Brook (Kent): I move that the gentlemen who have been nominated here, and those presented by the Secretary, be elected to honorary membership.

The motion was seconded by Morris of St. Joseph, put to a vote and carried.

Vice Speaker Dutchess assumed the chair.

Vice Speaker Dutchess: The vice speaker will entertain nominations for the office of speaker for the ensuing year.

Dr. Biddle (Wayne): I move the reelection of our present speaker.

Dr. Whittaker (Wayne): I support the nomination.

Dr. Curtis (Wayne): I move the nominations be closed and we let him come in.

The motion was seconded by Morris of St. Joseph, put to a vote and carried.

Vice Speaker Dutchess: Will someone make a motion that the Secretary cast the ballot for Dr. Pyle as speaker for the ensuing year?

Dr. Carstens (Wayne): I so move.

The motion was seconded, put to a vote and carried.

Secretary Warnshuis: Mr. Vice Speaker, the Secretary does so cast.

Vice Speaker Dutchess: Gentlemen, it is now my pleasure to declare Dr. Pyle reelected, and to invite him to resume the chair.

Speaker Pyle resumed the chair.

Dr. Denham (Kent): Mr. Speaker: I think it showed a lot of crust on the part of our present Speaker for him to resign his chair to the Vice Speaker before there were any nominations before the house. He presumes a lot. (Laughter.)

Speaker Pyle: Dr. Denham feels your Speaker presumes a lot, but the presumption of innocence always goes for the accused unless he is proven guilty.

Gentlemen, at this point, I wish to thank the committees that I have appointed for working as diligently as they have done. We come here partly for the sake of organized medicine, but there is work to be done. For instance, this morning I noticed Dr. Stapleton, Jr., of Detroit, couldn't be here to serve as chairman of the Credentials Committee, and Dr. Hasley came forward and did that work very well. He had to sit in the back room and count names, so he even missed the Speaker's address.

The Business Committee did a lot of work when others were doing the things they would rather have done, and I want to thank all the Committees, on behalf of the assembly, for doing this splendid work.

As far as a speech upon my returning to office is concerned, I feel this is a vote of confidence and I appreciate it.

The chair will now entertain nominations for the office of vice speaker.

Dr. Hirschmann (Wayne): Our present vice speaker has really carried on the duties of his office in an excellent manner, even though he was so confused he wanted to leave the chair without declaring our speaker elected. So I take pleasure in nominating Dr. C. E. Dutchess as vice speaker to succeed himself.

Dr. Andrews (Kalamazoo-Allegan-Van Buren): I move the nominations be closed and the Secretary be instructed to cast the ballot for Dr. Dutchess of Wayne.

The motion was seconded, put to a vote and carried.

Secretary Warnshuis: Mr. Speaker, your Secretary does so cast.

Speaker Pyle: Your Speaker declares Dr. Dutchess elected as vice speaker for the ensuing year.

Is there any unfinished business?

Dr. McKean (Wayne): Before we adjourn, I think it would not be out of place possibly to wire to Governor Brucker that the medical profession stands ready in the present, as well as any other, emergency to meet any demands made upon it. I think it would be well for us to express our willingness to stand in that capacity, and also in anything that may turn up in the future.

I make that as a motion, that the Secretary be empowered to send such a telegram.

The motion was seconded by Morris of St. Joseph, put to a vote and carried.

Dr. Traynor (Mecosta): I think it would not be out of place to send a telegram to Dr. Dodge of Grand Rapids, expressing our regret that ill health prevents his attending this meeting. He is a past-president of the Society and has been very active in the past. I think he would appreciate it.

The motion was seconded by McKean of Wayne, put to a vote and carried.

Dr. Whittaker (Wayne): It was mentioned here today and did not become a regular order of business, that the councilor district of Wayne, which is divided into A and B districts, has caused considerable confusion. If a discussion of the matter could be placed on the order of business without being entirely out of order, I would like to discuss it.

Secretary Warnshuis: In answer to Dr. Whittaker, I might say that before we adjourn the Chairman of the Council has a supplementary report to make upon that question.

Dr. Corbus (Chairman of the Council): Mr. Speaker, Members of the House of Delegates: The Council suggests that this body divide the two councilor districts which are composed of Wayne County, by using terms which are less confusing than the terms in use at this time, taking the districts which are now marked A and B and making the district east of Woodward Avenue, District No. 1, and the district west of Woodward Avenue, District No. 16.

That will necessitate action by this body.

The Council also takes cognizance of the resolution passed by this house, which was brought before it by Dr. Whittaker of Wayne, and will promptly appoint a committee to take over the survey suggested in the resolution.

I think that is all the Council has to offer at this time.

Dr. Whittaker (Wayne): I move that the councilor district situated in the eastern part of Wayne County, now known as Councilor District No. 1, continue to be so called, and the councilor district situated in the western part of Wayne County, west of Woodward Avenue, now called District B of District No. 1, be called Councilor District No. 16.

The motion was seconded by Morris of St. Joseph, put to a vote and carried.

Dr. Brook (Kent): If it is in order, I would like to move that this House of Delegates tender to the Oakland County Medical Society a vote of thanks for their very courteous reception and generous entertainment in an effort to make this meeting a success.

The motion was put to a vote and carried.

Dr. Ekelund (Oakland): I rise to accept the thanks and to say that after such a strenuous day I think we all need a bit of relaxation. Such relaxation is being provided at Oakland Hills Country Club, and each and every member of the Society, whether officer, council, or delegate, is cordially invited to repair thither following the adjournment of this session.

The meeting adjourned at eight-fifty o'clock.

Attest: F. C. WARNSHUIS, Secretary.

MINUTES OF GENERAL SESSION

WEDNESDAY EVENING SESSION

September 23, 1931

The first general session of the 111th Annual Meeting of the Michigan State Medical Society, held in the Tabernacle, Pontiac, Michigan, was called to order at seven forty-five o'clock by the President, Dr. R. C. Stone of Battle Creek.

President Stone: Ladies and Gentlemen: In opening the first general session of the 111th Annual Meeting of the Michigan State Medical Society, the Reverend Bates G. Burt, pastor of the All Saints Episcopal Church, will lead us in prayer.

Reverend Bates G. Burt: We will all rise, please. Almighty God, source of all life and health and strength, who givest us both the will to serve men in their needs and distresses, and the wisdom to bring skill and science to their relief, we thank Thee for that spirit of service which bids men labor to assuage pain, and trains minds and hearts and hands of physicians and surgeons to make and keep our bodies healthy and strong.

We thank Thee for the vast progress in the science and practice of medicine which has been made under the inspiration of Thy spirit of truth and love. We thank Thee for the good example of all those who unselfishly dedicate their lives to the work of healing, and we pray that Thou wilt abundantly bless their labors, that the sorrows of this world may be relieved, and that disease may be banished from the face of the earth.

Grant that all those engaged in the work of healing may humbly look to Thee as the author and sustainer of all life's processes. Grant that the physician's work may ever be held in reverence and always done in kindness and in love. Give them patience and tenderness, sympathy and skill; imbue them with that passion for service which was His who went about doing good, Thy Son, our Savior.

May Thy blessing be upon this gathering tonight and may the deliberations of these sessions of the Medical Society further the relief of human pain and redound to Thy glory. We ask it all in the name of Jesus, our Lord. Amen.

President Stone: As you all know, we are assembled here in this lovely city of Pontiac as the guests of the Oakland County Medical Society, aiding in our way and helping in the celebration of their one-hundredth anniversary of the organization. We were happy to come to Pontiac for that reason, because any organization or any individual which survives a hundred years, should be aided in every way possible.

Dr. Farnham, the president of the Oakland County Medical Society, will welcome the Society at this time.

Dr. L. A. Farnham: Dr. Stone, Ladies and Gentlemen: The Oakland County Medical Society, on the eve of its one-hundredth anniversary, welcomes you to Oakland County, to Pontiac, and to this meeting.

I have been honored to bring you this message because I happen to be the president of the Oakland County Society. My message, of course, is particularly to those who are members of the state medical organization, which we are especially entertaining. We are very glad indeed to have those who are interested in our program tonight, come and listen to it, but in presenting my short message, I am talking particularly to the members of the medical profession, and I am forced to say, frankly, that our inviting you here is entirely a selfish gesture on our part. We need you. We have lasted through one hundred years, but we get discouraged at times.

It seems to us that the progress of medicine, and particularly of organized medicine, is so slow; it seems to us that we fail in team work, we don't play good football, somehow. We do a lot of individual playing, or at least some of our members do, but it seems as if rarely do we all get into the game and accomplish the things that we want to do. And so, we need just this kind of thing to start us off anew, to give us new courage, to make us feel that, after all, we have accomplished something in the last one hundred years. It is only by looking back that we are able to see those things clearly and demonstrate them to ourselves.

And so, as I started out to say, my message is one of welcome to all of you, to Oakland County, to the homes in Oakland County, to the industry of Oakland County, to the lakes and the clubs of Oakland County. We want you to have a good time. We want you to have a profitable time. We want you to come back again, if you will.

But, particularly, in giving this welcome, we want to say something more—we want to wish that this may be the greatest meeting that the State Society has ever had. Now, that may be asking a good deal. If so, we don't wish to be unreasonable, but that is our wish, that this shall be the greatest and most profitable medical meeting that the State Society has ever had.

It is our wish that from this meeting we shall go to our homes with a little greater knowledge, a little greater faith, a little greater courage, so that we may go on with this work in a little better way, so that as a result of this meeting the medical profession may be definitely and positively advanced, and by that advance the people of the State of Michigan may be definitely and positively benefited.

I thank you. (Applause)

President Stone: Thank you, Dr. Farnham. We want to say to you and to your organization that you are splendid hosts and we are having a wonderfully fine time in your community.

The Secretary, Dr. Warnshuis, has a few announcements which he wishes to make at this time, and following that he will read a memorial to the members of the Society who have passed on during this past year.

Secretary Warnshuis: Dr. Stone, Members of the Society, Ladies and Gentlemen: The House of Delegates yesterday held three sessions. In addition to the regular transaction of their business, they had an election, and adopted certain definite resolutions.

The election resulted in the election of J. Milton Robb, of Detroit, as president-elect; Councilor of the 4th District, C. E. Boys; Councilor of the 5th District, B. R. Corbus; Councilor of the 6th District, Henry Cook; Delegate to the American Medical Association, L. J. Hirschmann of Detroit; and alternates, Dr. Perry of Newberry and Dr. Carl F. Moll of Grand Rapids. Dr. Pyle was reelected as speaker of the House, and Dr. C. E. Dutchess of Detroit was elected as vice speaker of the House. Kalamazoo was selected as the place for our next annual meeting.

By resolution of the House, a special meeting of the House of Delegates will be held sometime before the first of February this coming year, in order to consider a report and a survey that is to be made in the meantime of state welfare agencies and the health and medical services that are being rendered by various organized groups.

The House also adopted the so-called Shoulders resolution that petitions the Government of this United States to provide the soldiers with a bonus insurance in place of providing large institutions in the way of hospitals and homes for their care in the event of disability or disease, feeling that thereby we are rendering to the ex-service man greater service than we would by trying to institutionalize him in institutions that are created by the Government.

The House also directed the Council to investigate the possibilities of spreading the truths of scientific medicine through the means of radio, and that action will be followed up by an investigation by the Council and, if possible, the institution of such means for disseminating information regarding medicine.

The House of Delegates also directed the Secretary to convey to the Governor of this state the wholehearted coöperative service of the organized profession of Michigan in the solution of the economic problems that are now confronting the people, not only of this state, but also of the nation.

Secretary Warnshuis read a memorial to the departed members, at the close of which the audience arose for a moment in silent tribute to the dead.

Secretary Warnshuis: It is a matter of rather great satisfaction that in the organized efforts of medical men we have been led by leaders who have possessed qualities that make them leaders. These leaders have not sought the position to which they have been either elected or appointed. They are men who have been selected by their fellow practitioners, because they have done for medicine that which organized medicine is trying to do under an organized direction.

In all of the years of our State Medical Society, the one hundred eleven years we have existed, we point with pride to the presidents who have led us on from year to year, and it is true that in the past year the man who has occupied the office has met up to the standards of those who have gone before. It is, therefore, my particular privilege and pleasure to introduce to you President Stone, who will now deliver his annual address.

President Stone! (Applause)

President R. C. Stone read his prepared address. (See original articles, this issue.)

GOVERNOR'S ADDRESS

The audience arose and applauded as Governor Brucker was escorted to the platform.

President Stone: We are greatly honored in having as our guest and next speaker a man who needs no introduction to any audience in Michigan. Because of his deep interest in the health and welfare of our citizens and in the problems of the medical profession, he has accepted our invitation for this evening. He has been elevated to the highest office within the gift of our people. His responsibilities are great and the demands upon his time many. He is an orator, a man of high ideals and principles, and a gentleman.

It is indeed a great honor, a rare privilege, and a pleasure, for me to present to you the Honorable Wilber M. Brucker, Governor of Michigan. (Applause)

Honorable Wilber M. Brucker: Mr. President, Members of the State Medical Society, Ladies and Gentlemen, Friends of Michigan: I have just come from Detroit, where the great convention of The American Legion is in session, and for three days now I have been engaged in the greeting of every organization and group and division of that great war of thirteen years ago. I am not only tired, I am hoarse, not from shouting, but from talking, so you can appreciate the relief that is mine in getting out from the noise and the confusion and all of that, with the thousands and thousands who are there, to this quiet tabernacle in the presence of professional men and women, and those who are interested in thinking about the very serious and thoughtful problems of people, human beings, men and women, boys and girls—who are interested in the future of our race.

I heard a story which I must relate to you, or rerelate, about The American Legion convention. If you have ever heard one, you know the boys are rather boisterous in the way in which they shout. About eight years ago one of these conventions was being held in Kansas City and the boys had adjourned, but some of them had forgotten the convention was adjourned and they kept on meeting most of the night. It got to be one or two o'clock in the morning and they were shouting and the bands were playing and the bugles were sounding, and so on, and finally one woman in the hotel who had not been used to that sort of thing before, called the porter and said, "Can't you do something to stop those fellows? I haven't slept all night. I can't stand it. You have got to stop them."

But the porter shook his head sadly, and he said, "Well, lady there was a fellow who tried to stop them once, and he is hiding in a castle over in Holland right now." (Laughter)

I am very sure that the governor of the state has a multiplicity of duties, but I didn't know until the State Fair ten days ago that there was one duty the governor of the state has, and that is to auction off the prize champion steer at the State Fair. I got down there in the midst of all of the folks who were in the colosseum, who were judging and telling whether the judges were judging correctly, and they told me about this new duty. And I had to walk out into the center of that colosseum and be presented to this grand champion steer, or he to me. They had an auction block there, and a large hat and cane, and I was supposed to climb up there and auction off the steer.

I didn't know anything about auctioneering, except that I remembered, when I was a boy, they had to say something about, going, going, gone, and then someone got the animal or the article, or whatever it was. Ten thousand pairs of eyes I am sure were on me at that moment, because I never felt so ill at ease.

Well, the grand champion was auctioned off at $1 a pound. I perspired more that day than I did in all of my days in the practice of the law. But I got through and got down off the auction block to have the picture taken, and then I was to be through, when some friend came rushing up to me and said: "Well, that was fine. You are a better auctioneer than you are a governor." (Laughter)

I am very happy to accept the invitation of your Society to come here on the occasion of your annual convention. There is nothing that can keep me in Lansing, or in any other place in Michigan, when I think that some interest of Michigan is being served elsewhere, and I am glad that in Pontiac this week, and in the midst of all the confusion and round of meetings in Detroit, this invitation was accepted and I am here in spite of that other meeting—and I have never missed one in all of the thirteen years of The American Legion conventions—and that I came because of my now mutual interest with you in problems of state.

I found in my short experience in Lansing, following somewhat over twelve years of public service, that the problems of government may be classified and divided into those which are subjective and those which are objective in the serious business of government. There are those problems which are felt, largely as a matter of psychology, more than real, and then there are those which are very prac-

tical and real in the administration of government, and which practically affect everybody in the state.

Some of those problems I would but sketch tonight because of your particular interest, I know, in your own profession, but in order that you may have a well rounded view of state government, I would tell you just a word about some of the rest.

I find that all of the problems of government are somehow or other related and interdependent and integrated, and I do find also that there is no way in which one segment of government can be analyzed and looked over and fixed, such as a workman would upon a watch, but must, on the other hand, be very carefully analyzed in connection with the other functions of government, just as you would upon the operating table. I find that government is so closely integrated that that which affects one person adversely is very apt to affect the rest of the human system of government adversely, and now and then it is most helpful to diagnose the problems of government in advance and anticipate those things which are bound to arise if preventive measures are not indulged in.

I am sure that nobody outside of the medical profession could appreciate one-half what I have just said, because of your knowledge of the unity of the functions of the body, and I am trying to make the parallelism between the body politic and the body human so that the illustration may be apt.

Let me give, as an illustration, that anyone who thinks the problem of crime is isolated and by itself, had better have another thought on the subject. The problem of crime is closely integrated with the problem of the tax and the problem of the personality of those in government, with every bit of the institutional life of our state, including the feeble minded, the insane, and all the rest; yes, with the practice of law in the courts, and with medicine, and all the rest. The problem of crime is a problem that involves every bit of the whole scope of the rest of the problems of government.

The problem of taxation is likewise something that cannot be solved by saying, "Now, why don't you do this and then do that? and then your problem is solved." It depends itself upon every other factor in this whole equation, and whenever you take something from one side of the equal sign in this equation of government, you have got to take it from the other side if you are going to have the equation balance. And when you subtract from the interest in crime and its prevention, you have got to subtract from the sum total of the advancement of the civilized race to which we belong.

I hope I am not talking in parables tonight when I speak that way, but I am giving you the benefit of my humble observation on the subject of government, and I am tremendously interested in it. I don't know any group in the country that should be more interested in government than those who are interested in the lives of those who compose government.

The problem of crime in Michigan today is no different from that in the other states, perhaps, except that our proximity to Chicago and some of the cities of the Middle West have made Michigan, with its industrial life and its overflow, a cesspool in some places for the operation of those who would carry out that nefarious business. I have announced from time to time my ideas on that subject, and they are, I am sure, running along the line you have in mind, and they are in contravention somewhat with those who view crime as a sort of disease. I take issue strongly with that. There may be those who are diseased, who commit crime, but be not deceived, the great bulk of crime is committed by those who are wicked and depraved, and although that may secondarily be related to disease, it is primarily related to wickedness, immorality, and worse. Lose no sentiment on the subject of some of these men convicted and sent to our state penitentiary, and some not convicted becaused not apprehended, who commit those most atrocious crimes.

When I was on the Upper Peninsula three weeks ago and the news was telephoned to me from Marquette to Escanaba that Dr. A. W. Hornbogen of Marquette had been shot down by a lifer, who, with two others, rushed to one of the industrial houses to make good his escape, and turned guns upon themselves, and a fourth likewise, and I saw the hopelessness of combating it, of giving any more serious punishment, no matter what the man may do in prison, I began to shake my head and wonder whether, after all, the people of our state and our nation understand that these men who are there for life, with nothing more possible to be done with them to discipline them, have at their mercy perhaps everybody from the warden down, because of the inability to do more.

No, I am not pleading in any sense for anything. I just want the serious professional mind that is trained to think straight, to think straight through the problems of crime. You will say, "Why are those poor, little inoffensive gambling devices sometimes raided? Why are some of those so-called beer joints raided?" My friend who has had no experience in crime, may I say to you tonight that it is the protection of and the feeding upon just such nuisances as that, that makes possible the big gang warfares that result in the murders and worse, when the spoils are divided and not divided rightly, and when thugs and crooks—oh, you know the rest of the story.

And so I conclude what I say upon that phase of government by saying that that is integrated with the rest of the whole system, but it cannot be permitted to become a cyst, to enlarge and attract other cells of like nature into the cancer of government.

Then, there is in the field of taxation today a great and a burning problem, because of that which has occurred in the last twenty-four months. Need I recount what has occurred, nor the fact that instead of the depression being relieved during this past summer, it has continued? The great need today is for the American people to realize the cold, perhaps clammy, but nevertheless realistic, truth that instead of there being a green pasture mirage ahead this fall and winter, we are up against the stark naked fact that we are going to have a winter with unemployment. The sooner the American people understand the plain, unvarnished truth, the sooner these problems of government are dissipated, and the longer we hold our heads under the sand and say, "It can't be; some relief or some great thing is going to occur and change the whole course," the longer we are going to be prevented from taking the practical steps to prevent that which will be distress otherwise.

And so the problem of taxation is acute because, in the midst of the period of the greatest need, our ability to afford to pay is the least. Isn't that true in your own household? Isn't it true in your own professional life? Isn't it true in business, that at those times when the demands are greatest, the ability to meet those is the least?

Let me give one of my own illustrations that occurs to me now because of my contact with the group down in Detroit today. I was thinking of it as I marched along yesterday. Thirteen years ago, when we were overseas, we had been trained and trained and disciplined, and then the time came finally when we were sent up to the line. We left the rolling kitchen with its warm food about two

days or a day back, because of their inability to get to the front line of cars. Then we began the night march and the sleeping in the woods on the rain-soaked ground, and with the fatgue of the march, the lack of warm food, the bodily resistance being lowered by the sleeping on the ground, and the rain-soaked ground at that, it seemed every time we were summoned for the greatest test of the highest type of heroic courage, we were at the lowest, physically. I was thinking what a paradox that was, that in spite of that, we were able to give more, we were super-men in some respects, because we gave more than we could think today we ever could give. It is a physical fact I never could account for, except in the excitement.

It is true, nevertheless, that in these periods of depression, when the physical resistance and the mental and moral stamina are at the lowest ebb, the most is required of the American people. It has probably always been so; one of the inequalities, I suppose, of nature and of life. But when it is applied to government, it makes the raising of the question marks on the front page of the paper, and it accounts for the demonstrations by the demagogs and those who seek to take advantage of it.

Why, the situation is very much akin to the automobile which, on occasion in the winter, receives its most severe test, with the cold weather coming and bringing to the surface every imperfection of the mechanism, and that at the time when it is least able to afford to have this imperfection, which is latent within it, come to the surface.

So in government, at the time when we are least able to meet it, the problems of taxation are the greatest because the expenditures and the demands are the greatest. Why, in Michigan, as you know, we have a new hospital for the insane, with a thousand patients and all the overhead, and we have at least 500 more in the various other state mental hospitals, besides 600 more at the state prison at Jackson, and countless others sprinkled around over the state, more than last year, in the very height of the period of inability to afford it. And I say that only in connection with, and not in defense of, because it needs none, the program of rigid economy that I have espoused of this administration and from which no one will make me yield.

I believe that the way to settle a problem in government is to get after the problem directly, and I mean by that not any shortcut alone, but instead of using only the radius, to get it around the circumference as well, and one of the ways to get at the problem of taxation is to make less taxes necessary, instead of trying to find new ways to raise more money.

My friends, there are so many, many things I would like to talk about with reference to the relation of the state's problems to thinking minds, but I can't begin tonight to summon either the time or your patience, I know, but, ah, there are so many, many things in Michigan today just waiting the approach of those who are seriously inclined and not involved in any political backscratching contest, to get at and actually do. Oh, why is it that in government, whether it be local, state, national, or any other place, when folks think of it, they think, Why, that is something that has to do with the chess game or checker game of politics? Why can't we think—why can't the professionally trained mind think and lead our citizenry to think that, after all, government is as serious a business as the running of a professional lawyer's or doctor's office, and the running of some great corporate establishment that conducts the business of hundreds, yes thousands of people in this case; with the state of upwards of five million people, the business of so many that it is a tragedy not to give it the best you have?

I wish that somehow or other the public mind could come to conceive government in the sense of high public service and sacrifice, because to some in public life, instead of its being an advancement by way of the purse and private fortune, it is the rendering of public service at the expense of perhaps the private security of one's family and friends, and I know many men in public life who, enamored because of their career and their love for it, are rated for nothing under the sun except the thrill that goes with public service.

I stop to pay my respect to my associate here, who is my right hand man in Lansing, my Commissioner of Health, Dr. Slemons, a man of that very type, who works with me loyally, fairly, counselling well, and seeing that I make no mistake in the field of his advice. And I am glad that if there is nothing that government has in great amount to pay him, at least the honor and the respect of his fellow citizens and his professional associates is accorded to him upon occasions such as this. (Applause)

Yes, government is a very, very serious job. Two days ago the President was in Detroit. I was privileged to meet him and sit by his side, to visit with him, to see him off. I was impressed with the seriousness of his demeanor, the very, very sober way in which he carefully weighed his words, and with the evident ageing and the weighing pressure that made his look almost furtive as, in that great throng of 30,000 people, he entered the hall apprehensive of the displeasure, perhaps, of those who today are not getting every bit of the prosperity that they would like to have and would charge it upon somebody personified in government and heap upon him or them the abuse for that lack of prosperity.

I speak not partisanly when I say it: There never was a time in American life when the citizenry of our country should rally, not in any political way, but in a very helpful, personal way, to the support of government and those who are laboring in it. And I felt, myself, the need of the President for that staunch word of support instead of the destruction of criticism that goes the length and breadth, so easily indulged in, and when you feel the withering effects of it some day yourself, you may apprehend that I am right about this.

Then, there is another great field of government in which primarily, I suppose, you are more interested than the rest of that of which I have been talking, and that is the field of the regulatory administration of government. There are those who desire no regulation on any subject any time anywhere. I belong not to that school. There are those who object to any sort of supervisory control or regulation or limitation by the federal, state, or local government, and there have been, since the time our government was formed.

On the other hand, there is a school of thought in this country that believes in a strong central government, strong enough to protect the rights and the opportunities and all of the educational yearnings and desires of our people, and to that school I belong most emphatically. I think it is best illustrated by a story I heard of a Kansan who went down to New York, and he was looking up at the tall buildings when along came a New Yorker and trod on his toes. And the Kansan reached back his arm and hit the New Yorker on the end of the nose and knocked him flat.

The New Yorker made complaint to the nearest police officer, and the next morning the magistrate had the Kansan hauled before him for assault and battery, and the magistrate said to the Kansan, "Are you guilty or not guilty?"

"It is this way, Your Honor," said the Kansan, "I was looking up at the tall buildings. This is a country of liberty. I have the right to look up and see them, haven't I?"

"Yes," said the Judge.

"Well, the New Yorker came along and walked on my toes, and I started swinging my arms around. I have a right to swing my arms around, haven't I, in this country of liberty?"

"Yes," said the Judge, "you have."

And he said, "I swung them around and he got in the way of my fist and of course he got hit, and that is how it occurred."

"Well," the Judge said, "that is very ingenuous and you are right, this is a country of liberty. You do have the right to look at these buildings, you do have the right to swing your arms, but your liberty ends where that man's nose begins." (Laughter)

I think that will illustrate very largely the sane attitude of the American mind toward the licensure of those in private life who are involved in public business to the extent of the practicing of professional life and business in calling, and their contact with the men and women and the children of our state and nation.

We have in Michigan a number of boards and commissions that have charge of the different groups and the entrance doors, and we have statutes that more or less, and in some cases less, govern that supervisory regulation and the entrance to that tabernacle of the profession, and it is interesting to note the various views that are entertained on the part of some with reference to that. I think—and this is, of course, without any personal application to any one particular individual but to all of the groups and every part of the licensure of Michigan's different professional callings—that entrance door had best be well guarded, not primarily for those who are to profit by the practice, whether it be law, medicine, dentistry, or what not, but on behalf of the people of this good state who have the right to have the best there is. (Applause)

I would not say before any medical society or bar association of Michigan anything that would pander to the popular sense of that which would curry favor, and you would not expect me to come with some peculiar gift in my hand, but I do feel that the people of our state, and those of the sister states, but particularly our own, are entitled to the very best by way of protection and prevention and all that goes to make life, property, health and happiness, safer and better. They are entitled to the very highest caliber, not only technically, not only from the standpoint of skill, but also from the standpoint of moral purpose and plan, of honest speaking, upright manhood.

I think the professions in Michigan every now and then can well afford to have a house-cleaning, and every time I have seen that indulged in in government, when not done unreasonably, it has augured well and proved satisfactory as a disciplinary measure over a period of time.

The greatest trouble with our American people today, when they come to the law, is their absolute disregard of not only the fact that there is such a law, but that such a law is going to be enforced, and they think that by some hook or crook or device or artifice, somebody who is clever, a lawyer perhaps, is going to get beyond that. And I have no doubt, from my contact as attorney general of this state, and the assistance of the members of the state police some two years or more ago, that there are in the profession to which you owe your allegiance, those who are now engaged in the unlawful and illegal and dangerous, and worse, practice of medicine—those against whom, by reason of quackery and the holding out of nostrums and panaceas and devices that are plainly fraudulent, prosecutions ought to lie and continually and rigorously be pushed. I have no doubt that there are those who ought not only to be placed beyond the pale of the profession, but placed behind the bars, perhaps; if not banished from the profession alone, placed behind the bars for the dealing with human kind in such an inhumane and wrongful manner.

I know there are in my own profession, and there are in the different professions, those who are, of course, not as skilled as others. I mean not that. I know there are those of us in the professions who are clumsy in the way we do it. I mean not that. I know there are those who are inferior from the standpoint of actual preparedness and equipment. I mean not that.

I mean exactly what I say when I say, those who are practicing illegally and who have so far debased their honorable calling and the profession of their choice and their life by doing that which is wrongful and shameful, and worse, together with that gentry that have no right to practice medicine at all, and under the guise of some other way of evading and avoiding, are at-

tempting to treat human ailments and to heal and to see that folks pay their good, hard-earned dollars these days for that sort of quackery.

No, my friends, I have no patience for that, either, and I hope there will be an occasion when this State Board of Registration and Medicine, and the medical fraternity itself—and I do not limit it to the Board alone—will call upon this splendid body of State Police, small band as it is, but courageous, and determine, with no local influence to pull them off, to give the best they have to see that there is a thorough cleaning and that somehow or other the profession feels that it does mean something after all to continue in the practice of medicine in Michigan, and our people can likewise feel safe. (Italics ours)

I would apply that not alone to medicine. I think the dentists and others of the professional groups which have from time to time, during my occupancy of the attorney general's office, informed me of their particular requirements, likewise now and then need the services of just that sort of thing in making the licensure of that particular group mean something, not only to the group, but to the people they serve.

Tonight I not only wish I could understand your problems, but I wish I could get from you the viewpoint which is so necessary that a governor at the helm of the ship of state have. I take occasion here to thank many present for the sound advice they have given me in the field of not only curative medicine, but in the preventive as well, and the problems that are akin to government in that respect. I have had some splendid assistance from those who are interested in our state institutions and their continual high standards, but I shall seek to know more, and that is one of the reasons I like to come to a group of this kind, not to lecture nor to tell you, but to get from you the ideas and the ideals you have.

I have been told about the splendid work that has been done in Michigan in the last few years, and as a layman entirely unacquainted except through the person of my good relative, my cousin, Dr. Carl Brucker of Lansing, who has from time to time given me some very close and personal advice on the subject of the profession at large, I have, from reading as a layman and from advice otherwise, gleaned the fact that in the last two decades there has been a greater advance in the field of medicine and surgery—at least popularly that is our impression—than there has been in so many centuries before that time; that the best thought of our age and our generation is constantly being poured in the direction of research and the development of the betterment of the science; and instead of the practice of medicine being as it was wont to be in days long gone by, it now is pyramiding in the opening up of the vistas of information that have come from every direction and source of this enlightenment.

Oh, how splendid must be the name and the fame and the honor of a man who helps make the race better, safer, happier. We lawyers—and I speak now in the vernacular of my profession—are limited to the protecting and preserving of the property, and very largely, to that, and sometimes the person, of course, in the criminal courts, but oh, what must be the thrill that comes to a man who has saved a human life!

Mrs. Brucker is quite an admirer of the skill of a certain surgeon that she saw recently, who operated upon our little boy, and who, of course, brought him safely through, and she saw the delicateness with which a most serious operation upon the skull was being performed—not upon our child, but upon another—and she told me with the delight of one who three weeks later had been brought back to a sure recovery, "Why I was just like a person at a football game waiting for the ball to be put over the goal." She couldn't wait to hear how this fellow came out, after having seen that delicate operation, where the severing of just a tiny bit of the little tender nerve of whatever it was that was so close to that place where that man's life hung in the balance, would have been fatal. After seeing his wife and the four children outside, she was just panic stricken until she knew that it was a success.

Oh, you have no idea—yes, you have an idea, but you don't know—how we laymen feel on the subject of the interest, and the heart interest, of those in the profession of medicine who care, and I have no hesitancy in saying there are those who, how they impress us, they care not. Oh, how we love to see a person who, in the practice of medicine with relation to a human soul and body, doctor or surgeon, somebody who is treating some human ailment, how we love to see the heart interest that is poured into that, and how the average layman talks and talks and talks and can't talk enough about Dr. So-and-So who is actually going out of his way night and day caring for his patient. I know it means to you the giving of a part of your life, and that is public service, but, my friends, there is something beyond this little insignificant thing of practicing for a price. When you do that, you sell out, if you do that alone, and if that is the only thrilling urge that comes to you, you are poor indeed when you are paid at the end of the treatment.

No, there is something about the game that would appeal to me if I were a doctor, if I were a member of the Michigan Medical Society—and I certainly would be if I were. It seems to me I would have a thrill about this business that would match all of this comparison that I spoke about a moment ago, because we have such confidence in you and your ability to develop it.

I am informed that the University of Michigan and related agencies with which I am not entirely familiar, but would be willing of course, to give due credit from this platform, were I fully familiar with them, are engaged in coöperative effort, not only in seeing that the profession is given the best there is by way of counsel, consultation, and so on, but that there is an influence jointly with this Society in seeing that the people of Michigan are educated on the subject of protective, preventive, educative, and so on, measures in the field of medicine and the very common things about the human body. I think the day is past entirely when the profession desires to conceal under the veil of mystery the way in which common, ordinary things can be done to relieve suffering, and I think you have chosen wisely in putting on the campaign of public education and information, in seeing that our people are as highly advised as possible against all of these things that otherwise they would rush rashly into.

You have no idea how much that lessens the spread of these grapevine rumors, so to speak, how

it contributes to the peace of mind of our citizenry, and how, even at a time such as two weeks ago, when there was some little scare about this infantile paralysis, the soothing and calming advice of those who are in the leadership of thought of Michigan's medical science, Dr. Slemons, Dr. Vaughn, Dr. Bruce, Dr. Pritchard,—I can't mention all that I remember reading and knowing about —who got together and said, "Now, Michigan, be not afraid; this thing is going to be handled by the profession and we are watching it closely," there was a calm came over our people who might otherwise have gotten into a panic.

Or, it is fine to have this agency of yours and the relation it gives to our state and our people. You are on the front line, the very battlement of the average household. You may not go in it, all of you, but you go in it in your influence, and the doctor comes closest, not only to the little boy and the little girl, but in the tenderness with which he is viewed by the parents and the rest of the members of the family. And so tonight I give my respect to the five hundred physicians and dentists and those two great allied professions for having gone to the people and talked to 160,000 of them in the last year, I am informed, upon the subject of the ordinary preventive measures and remedies and the way in which to make a better, healthier life.

I am glad that as a layman I can see your picture of it to the extent that not only is it the object of this whole business to prevent disease, but to go the next step beyond the absence of disease, and that is positive health or the having of a robust, vigorous, healthy body, and the preachment to our people of the things which will give and bring that about.

Oh, when a man is healthy, what can't he do. When he gets up fresh in the morning and has all of the rest from the toil of the day beyond him and behind him, and is ready to get to the rigor of the battle of that day, what a different man he is in his thoughts and conclusions from the man who at four-thirty in the afternoon is fatigued and tired, irritated and annoyed and harassed by telephone bells and all sorts of people under the sun, mendicants, and so on. How different is his state of mind in arriving at the conclusions of life.

So I say to you tonight, the governor of the state can well pause in the busy round of his life if for no other reason than to say to you, that I pay my respect to the profession of which you are all members. Michigan has confidence in its leadership and in its professional followers in the medical field. But we must go further than that. We must continue this work. We must continue it for the benefit of our people. It all must be calculated and pointed toward the betterment of this people of ours and not the selfish desire of any one of us. When that comes about, verily there will be public acclaim and the medical profession will have come truly into its own.

My friends, I want you to know that although the great problems of the Government of this state may in some measure have absorbed the most of my time, and I am most interested now in that problem of unemployment and the getting of common, ordinary jobs this winter—and by the way, I read in the paper as I left my hotel to come out here tonight, of a resolution passed by this Society. I think that is one of the most splendid things you could possibly have done. It is so personal to me and to the state Government that I appreciate it beyond words. I refer to the resolution with respect to your determination to assist in any way you can in this unemployment work of the winter, to see that we come through, ride the gale, and see next spring right side up. Thank you so much for that. If every professional group would voluntarily step out and do that, and then show that they mean it by doing everything they possibly can, how much it would mean.

I want you to know that although unemployment is big, the problem is enormous, as are all the rest of these things that I have spoken about tonight, I have by coming here renewed at least my perspective in getting acquainted again with the problem of the licensure of Michigan with respect to its great professions, one of which you represent. I hope constantly to be advised in this field. I hope I may so conduct myself and recommend to the next session of the Legislature such legislation which I hope I shall have time and advice to complete, which I am already studying now, that it may truly represent the wishes of those who are sincere in making medicine and the practice of it attain to the best interest of Michigan people.

My friends, I am happy for the invitation. Good night.

The audience arose and applauded.

President Stone: Governor Brucker, we are indeed very grateful to you for having come and delivered this message to the medical profession and the people who are here. And I want to assure you, as president of this organization, and on behalf of the officers and the membership, that if there is anything at any time that we can do to be of help to you in your governmental problems, all you have to do is ask for that assistance and it will be forthcoming.

We should be very grateful to Governor Brucker for coming out here. Governor Brucker had a very difficult time in arranging his program this week, to make it possible to come out during the hour or so he is here, and I know those who do not belong to our profession express with me our pleasure in having him with us.

INTRODUCTION OF PRESIDENT-ELECT

For the first time in the history of the Michigan State Medical Society, we are in a rather unique position. I, in a few minutes, will no longer be your president, but as it happens, I still am at this time. We have a president-elect who in a few minutes will be a president, and we have another gentlemen who was elected president-elect at the meeting of the House of Delegates last night.

I am going to ask Dr. Carstens and Dr. Brunk of Detroit to escort Dr. Robb to the platform.

The audience applauded as Dr. Robb was escorted to the platform.

President Stone: Ladies and Gentlemen: It gives me great pleasure to introduce to you Dr. J. Milton Robb, who, in a few minutes, will be our president-elect for the ensuing year.

Dr. J. Milton Robb: Members of the Michigan Medical Society, Honored Guests, Ladies and Gentlemen: It is an all abiding privilege for me to be here tonight, particularly when you have bestowed that position upon me. If I were here under different circumstances, I might not feel that perhaps I was wanted, but since, by unanimous consent, you have asked that I do the best I can for you, at a later date, as president of this organization, it gives me great pleasure to be here, and I want to thank you for your kindness and consideration and say that I appreciate very much what you have done for me.

You will notice, too, that the president who is going out and the president who is coming in, are dressed differently than I am. The fact is, so far as I am concerned, I am a neophyte; I should have on a freshman's hat. But I hope in a period of a year or two, with their aid and with your aid, I will be able to serve you well.

I want to tell you, too, that it has been a great pleasure to hear Governor Brucker speak tonight

on the attitude he takes toward medicine and the problems of government. It is a pleasure to meet him. This is the first time I have had that privilege, and I hope I may have the same privilege many times in the future. A man of his years—because you know the fact is, he is younger than I am—who has the insight and the ability to conduct the problems of government the way he is doing, deserves all the confidence that this profession can give him.

I thank you. (Applause)

INSTALLATION OF PRESIDENT MOLL

President Stone: Dr. Moll, will you kindly step forward?

Dr. Moll, the Michigan State Medical Society at its last annual meeting honored you by electing you to the office of president-elect of that organization for the past year. You are now being further honored by being elevated to the office of president of this Society for the coming year. In the proper discharge of your duties during the coming year, you will find it necessary to make many sacrifices of your personal pleasures and your time, your compensation for which will be your many contacts, new and firmer friendships, and the knowledge that you are serving this Society, that the high ideals and standards of scientific medicine are being maintained and the public health and welfare of the state of Michigan thereby being better served.

I know that your service to this organization will be conscientiously given and that you will perform the duties of your office with honor to the Society and credit to yourself.

As I pin upon you the badge of the office of president and turn over to you the office, I want to extend to you my most sincere congratulations and best wishes for your success, as well as the progress of the Society.

And now, ladies and gentlemen, it gives me great pleasure to introduce, or rather present, to you, Dr. Carl F. Moll of Flint, President of the Michigan State Medical Society for the coming year. (Applause)

President Moll: Dr. Stone, Distinguished Guests, Ladies and Gentlemen: I thank you for the great privilege you have given me at this time of expressing my appreciation of the honor you have conferred upon me. I am not unmindful of the fact that this honor carries with it many responsibilities and demands. I cherish the hope that I may meet these responsibilities with a firm courage and good judgment tempered with a spirit of tolerance.

We have listened to the address of President Stone, a presentation of the various foundations that it has been the privilege of this great Commonwealth of Michigan to receive from its public-spirited citizens. The medical profession at this time have a wonderful opportunity—more than an opportunity—a duty, to help direct and influence, and coöperate in every way possible, so that the future boys and girls of this state may receive the full benefit of social and health betterment from these various foundations and institutions.

We must at this time guide public opinion, we must gain public confidence, we must prove to the public by our deeds and actions that any benefits that come to us will be returned to them many times in health dividends. We must cultivate a spirit of civic consciousness in the practice of medicine. We must so act and do that the public will know when we prove to them that we have higher ideals than merely to adversely criticize legislation, licensure legislation, and the licensing of illy trained or ill prepared practitioners of the healing art.

Efficient medical service is one of the great demands of the public—efficient medical service that is not beyond the financial means of these same people. We have a wonderful opportunity. It is not as individuals. We must be something more than just good doctors. We must help solve these economic health problems. We must be leaders in this forward movement. We must assume our responsibilities of safeguarding the public health. It is by these means and issues that we will be tried, and I am sure that when the final time comes in any crisis, we will not be found wanting.

As a very recent example, in the epidemic of infantile paralysis, your President, Chairman of the Council, and Secretary showed, by their prompt action in getting together in coöperation with the Department of Health, their willingness to do all they possibly could. They prepared a serum of convalescent blood of former patients and they organized the state into districts, and when public funds were not available, they not only gave of their services, but of their money to help fight this dread disease.

An appraisal of the future is best made by the experiences of the past, and I am sure that this premise is well founded and that the public will have our assurance that we will do all that we can to aid the betterment of human health. My wish is that a year from now, I can come back to you with a good record of my stewardship. (Applause)

The meeting adjourned at nine forty-five o'clock.

SECOND GENERAL SESSION

THURSDAY EVENING SESSION

September 24, 1931

The second general session of the 111th Annual Meeting of the Michigan State Medical Society was called to order at eight o'clock by Dr. L. A. Farnham, President of the Oakland County Medical Society.

Chairman Farnham: Ladies and Gentlemen: Last night it was my privilege to welcome the State Medical Society to Oakland County and to Pontiac. Tonight I appear on a different program and I will try to explain briefly this double-barreled program that the medical men of Pontiac are trying to provide for your enjoyment.

We are celebrating our one-hundredth anniversary as an organized medical society, that is the Oakland Society. The State Society, at the same time, is honoring us by coming to Pontiac for their one hundred eleventh annual meeting.

This program tonight is under the auspices of the Centennial Committee. In other words, it is being sponsored not particularly by the State Society, but by the Oakland County Society, and I, being president of that Society momentarily, am therefore chairman of this meeting, and it gives me a great deal of pleasure to welcome you here to this centennial meeting. We feel that it is going to do us good as a society, and we hope that incidentally it may do you good as the people of Pontiac, for I take it a large percentage of you are people of Pontiac and of Oakland County, because if we are better doctors, we ought to take better care of you.

We do find that it is easy to get discouraged in our profession, not particularly at all times because the banks fail and because people aren't employed, but because we find a great deal of discouragement in our own professional work, of which many of you have only a very vague idea. So to get our professional brethren from up state, from the neighboring towns, and from distant states, to come here and talk to us on medical subjects, to encourage us by showing us that the world is wagging on in medical science as well as other ways, is really worth while to us.

As our first speaker this evening, I want to introduce to you the President of our State Society, and

I don't want you to get all puzzled and excited because he doesn't look like he did last night. Last night Dr. Stone of Battle Creek was president of the Michigan State Medical Society. Tonight Dr. Carl Moll, whom Dr. Stone introduced to you last night as president-elect, but who has now changed his role, is president and Dr. Stone is past-president. I am making this explanation so that you won't think that you were a victim of a prevarication either last night or tonight.

I am happy at this time to introduce Dr. Carl Moll of Flint, President of the Michigan State Medical Society. (Applause)

President Moll: Mr. Chairman, Guests, Ladies and Gentlemen: My old copy book says, "Well begun is half done." This is my first public appearance as President of the Michigan State Medical Society, and you will all agree with me the occasion is an auspicious one.

Pontiac has never entertained the State Medical Society before. In its one hundred years of existence this is the first time that we have been their guests. The program, the entertainment, everything, has been carried out in the most magnificent and splendid style, and I can assure you, Mr. President, that it will not be a hundred years, not fifty, probably not over eight or ten, before we will be very glad to be your guests again.

Thank you. (Applause)

Chairman Farnham: Thank you very much, Dr. Moll. I am very glad of that last assurance, because I had no hope of ever seeing the State Medical Society meet in Pontiac again.

I was assured the other night by Dr. Baker, who is the chairman of the Centennial Committee, that he expected to put on another centennial program in a hundred years from that night. (Laughter) Now, I have no doubt that he will be able to last that long, but personally, I don't expect to be able to last another hundred years, so if you come back in only eight or ten years, I might be here.

I want now to introduce the man who has done all of the work in the convention that has been held here—I mean all of the local work. We have had various committees doing the work, and this man has headed the whole thing up, and I want to state that if you hear some of the doctors say it was very poorly done, that is the part I did. If you hear them say it was very well done, that is the part that Dr. Robert Baker did. So at this moment I want to tell you and to give him the opportunity of explaining, if he likes, how he managed to entertain the group as well as he has.

He is not only the chairman of the Convention Committee, but he happens also be president-elect of the Oakland County Medical Society. The State Society for some years has elected their president a year previous to the time he is to take office. You noticed that Dr. Moll was not elected president this year. He was elected president-elect last year, and last night he simply took the office of president. So when I gracefully pass out of the office in a few months, Dr. Baker will take my place. The Oakland County Society is going to do it that way from now on.

At this time I want to present Dr. Robert Baker of Pontiac. (Applause)

Dr. Robert Baker: I am not going to take any of your time, ladies and gentlemen, because this isn't my program. I am done. The official part of the convention that I am concerned with is over. But I do want to say before you as citizens of Pontiac, and a good many of our doctors are here, that I am very grateful, as general chairman, to all my committees for their very fine assistance. What Dr. Farnham said is not true. I am not the show. I have had lots of very fine help, and I want to express publicly that I am very grateful to them, and Pontiac should be very grateful to the doctors who helped to make this convention a success.

And we are very grateful to the State Society for the opportunity of entertaining the convention. As Dr. Moll said, it is our first opportunity to ever entertain the State Medical Society. We hope it won't be our last. I don't expect to live one hundred years, I don't expect to be general chairman ten years from now, but are going to have you come back and we are going to try to do a better job than we did this year.

Thank you. (Applause)

Chairman Farnham: Thank you very much, Bob. Now, I don't want you to get tangled up in this matter of Bakers, either. Fortunately, they are built differently and you won't need to think because I present another Baker as the next speaker, he is the same fellow. At least, if so, he must be some sort of a gymnast or something of that sort.

It happens that the Chairman of the Centennial Committee, which is the other barrel of this double-barreled medical gun, is Dr. Fred Baker of Pontiac, and he is going to explain to you, in as much detail as he wishes, the plans, the hopes, of this Centennial Committee. If any of you visited their exhibits down in the Presbyterian Church, you know they had something to show. And there is a contest which Dr. Baker will explain to you.

It gives me great pleasure to introduce to you at this time Dr. Fred Baker, the Chairman of this Centennial Committee. (Applause)

Dr. Fred Baker: Mr. President, Ladies and Gentlemen: The announcement of this Centennial program was made in the local papers and in the papers throughout the county. Possibly some of you read it, but in case you did not, I will announce again tonight that we are putting on an essay contest, basing it on the address of the evening by Dr. Fishbein. Both the teacher and the high school student who best writes up the salient points of Dr. Fishbein's address will receive a prize of $75. There will be a second prize of $25 each. There will be twenty prizes of $5 each.

These essays are to be of approximately 1,000 words. They are to be submitted within a period of two weeks, not later than October 8. You shall place upon it your name and address and mail it to me at the People's Bank Building in Pontiac.

There are three judges who will scrutinize these papers: namely, Mr. Conrad Church, managing editor of the *Daily Press,* Pontiac; Mr. Emil Lederle, the County Commissioner of Schools; Mr. George Kimball, Jr., of the Town and County Y.M.C.A.

The essays of the teacher and student winning the two first prizes will appear in *Hygeia,* the popular health magazine published by the American Medical Association.

Thank you. (Applause)

Chairman Farnham: Thank you very much, Dr. Baker. I am sure that is perfectly clear to you all.

And now, it gives me a great deal of pleasure to introduce the man who is to introduce the speaker. Perhaps you don't quite understand why it is necessary to do it that way, but as a matter of fact, I heard this man introduce this same person once before today, and he did it so very badly that he came to me afterwards and begged to have the opportunity to do it again. (Laughter) So under those circumstances, I am going to forego the pleasure and honor of introducing the speaker of the evening, and give that instead to Dr. Warnshuis, who is one of our distinguished medical men of Michigan. He is the Secretary of the Michigan State Medical Society; he is Secretary of the State Board of Medical Registration; and he is Speaker of the House of Delegates of the American Medical Association.

Now, if there were anything else that I knew about him, I would tell you, but those things I know to be true, and so it gives me a great deal of pleasure to introduce Dr. Frederick C. Warnshuis of Grand Rapids, Michigan. (Applause)

Dr. Warnshuis: Mr. President, Ladies and Gentlemen: The story is told—it is rather trite—of two Irishmen, two Scotchmen, and two Englishmen, who were out on a boat which was shipwrecked and they were stranded upon an island. On the first day, characteristically, the two Irishmen engaged in a fight. On the second day, likewise characteristically, the two Scotchmen organized a Caledonian Society, and on the third day the two Englishmen were standing around waiting to be introduced to each other. (Laughter)

That seems to be the situation today in regard to us who represent scientific medicine and you who are the public. Our relationship is somewhat the same. That is one of the purposes of the meeting this evening. It has been said that in the last hundred years scientific medicine has made more progress than it made in the previous five centuries, and it is also said that in the last forty years we have made more progress than we did in the previous sixty years.

Tonight in thousands, yes, tens of thousands of laboratories, tens of thousands, and yes, hundreds of thousands of workers are trying to uncover the hidden mysteries of disease and human disability, and we who have been engaged in the interests of our profession and the scientific discoveries, in endeavoring to apply them, have left behind you whom we seek to serve.

It has likewise been said that if scientific medicine made no more progress in the next twenty-five years, it would take you twenty-five years to catch up with us. We have realized that, and so we are turning back and trying to draw back the screen and show to you that which we can do to enhance your physical well-being and increase your longevity. Throughout the state of Michigan we are endeavoring to impart to the public that which scientific medicine can do for you. We are doing it throughout the nation and we are doing it throughout the world, and we have men who are giving themselves and their time in order to impart this information.

Tonight we are bringing to you, through the courtesy of your Oakland County Medical Society and its officers, and also the Michigan State Medical Society, a man who has done more to impart to the public that which scientific medicine holds for each one of you, than any other one man, Dr. Morris Fishbein, physician, editor of the *Journal of the American Medical Association,* the largest medical journal in the world, editor of *Hygeia,* the public magazine of human health, speaker, writer, one who knows and who can tell you authoritatively that which is of value to you.

So tonight it is my particular pleasure and privilege to introduce Dr. Morris Fishbein of Chicago. (Applause.)

Chairman Farnham: Dr. Fishbein, I want to thank you very, very much for that talk. I think the people here have shown very plainly that they enjoyed it. And I want to thank you gentlemen, Dr. Warnshuis and Dr. Moll and Dr. Baker, and all the rest of the medical men who have helped to make this program a success.

I want to assure you that we will not be able to talk to you every night nor every week nor every month in as interesting a manner as Dr. Fishbein has done, but I am very much gratified, and the Oakland County group are very much gratified to find that so many people are interested in this problem of health, this problem of the preservation of health, and the effort to push back the time when we all have to pass on.

Now, let us continue this mutual interest. We as physicians try to be interested in you. Will not you as citizens of Pontiac and as people who must be more or less subjected to our ministrations, will not you be more interested in yourselves and in us in our effort so to do?

We thank you very much for coming out this evening and showing your interest, and we hope that this mutual interest may continue. (Applause)

The meeting adjourned at nine twenty-five o'clock.

DELEGATES ROLL CALL—111TH ANNUAL MEETING

DELEGATES—ANNUAL MEETING—PONTIAC, SEPTEMBER 22-24, 1931

Antrim - Charlevoix - Sheboygan - Emmet — D. C. Burns.
Berrien—W. C. Ellet.
Calhoun—C. S. Gorsline, A. T. Hafford.
Cass—W. C. McCutcheon.
Clinton—F. E. Luton.
Eaton—K. A. Anderson.
Genesee—J. T. Connell, G. J. Curry, F. E. Reeder.
Gratiot-Isabella-Clare—T. J. Carney.
Houghton—Alfred LaBine.
Ingham—Karl Brucker, L. G. Christian.
Ionia-Montcalm—P. C. Robertson.
Jackson—J. J. O'Meara, Philip Riley.
Kalamazoo—F. T. Andrews, A. A. McNabb.
Kent—J. D. Brook, R. H. Denham, A. V. Wenger.
Lapeer—C. M. Braidwood.
Luce—H. E. Perry.
Marquette-Alger—Vivian Vandeventer.
Mason—L. W. Switzer.
Mecosta—Thos. P. Treynor.
Monroe—S. J. Rubley.
O. M. C. O. R. O.—Claude R. Keyport.
Oakland—C. T. Ekelund, F. A. Mercer.
Ottawa—A. E. Stickley.
Saginaw—O. W. Lohr.
St. Clair—A. L. Callery.
St. Joseph—C. G. Morris.
Shiawassee—I. W. Green.
Tuscola—John G. Maurer.
Washtenaw—Theron S. Langford, John A. Wessinger.
Wayne—Norman M. Allen, Joseph H. Andries, L. Byron Ashley, Andrew P. Biddle, A. E. Catherwood, John L. Chester, Norman E. Clarke, J. D. Curtis, C. E. Dutchess, Basil L. Connelly, Bert U. Estabrook, L. J. Gariepy, Clyde K. Hasley, L. T. Henderson, L. J. Hirschmann, Charles S. Kennedy, Charles Lakoff, Henry A. Luce, Richard M. McKean, Grover C. Penberthy, H. W. Plaggemeyer, William S. Reveno, Albert H. Whittaker, Wm. P. Woodworth.
Total 63.

REGISTRATION—ANNUAL MEETING

PONTIAC, SEPTEMBER 22-24, 1931

Antrim - Charlevoix - Cheboygan - Emmet.—Dean C. Burns, Petoskey; W. Earle Chapman, Cheboygan; F. F. Grillet, Alanson; William H. Parks, Petoskey; James R. Stringham, Cheboygan; B. H. Van Leuven, Petoskey.

Bay County.—A. D. Allen, Bay City; Charles H. Baker, Bay City; G. M. Brown, Bay City; R. N. Sherman, Bay City; C. S. Tarter, Standish; Paul R. Urmston, Bay City.

Berrien County.—W. C. Ellet, Benton Harbor; J. J. McDermott, St. Joseph; Carl A. Mitchell, Benton Harbor; Herbert O. Westervelt, Benton Harbor.

Branch County.—Samuel Schultz, Coldwater.

Calhoun County.—Manley J. Capron, Battle Creek; E. M. Chauncey, Albion; J. E. Cooper, Battle Creek; E. L. Eggleston, Battle Creek; C. G. Fahndrich, Battle Creek; W. L. Godfrey, Battle Creek; C. S. Gorsline, Battle Creek; A. T. Hafford, Albion; Geo. C. Hafford, Albion; H. A. Herzer, Albion; K. B. Keeler, Albion; A. D. Sharp, Albion; Ray C. Stone, Battle Creek; Carl G. Wencke, Battle Creek.

Cass County.—W. C. McCutcheon, Cassopolis.

Clinton County.—F. E. Luton, St. Johns; D. A. MacPherson, Fowler; W. A. Scott, St. Johns.

Eaton County.—K. A. Anderson, Charlotte; Albert Stealy, Charlotte.

Genesee County.—John C. Benson, Flint; Leon M. Bogart, Flint; A. T. Bonathan, Flint; Frederick Brady, Flint; Donald R. Brasie, Flint; B. E. Burnell, Flint; Max Burnell, Flint; M. S. Chambers, Flint; John H. Charters, Flushing; Clifford P. Clark, Flint; C. W. Colwell, Flint; John T. Connell, Flint; Robert C. Conybeare, Flint; Henry Cook, Flint; F. L. Covert, Gaines; George J. Curry, Flint; E. G. Dimond, Flint; Stephen M. Gelenger, Flint; Geo. R. Goering, Flint; G. L. Gundry, Grand Blanc; L. R. Himmelberger, Flint; Harry W. Knapp, Flint; George W. Logan, Flushing; Julia Lundstrom, Flint; R. Bruce Macduff, Flint; J. A. Macksood, Flint; J. G. R. Manwaring, Flint; W. H. Marshall, Flint; A. McArthur, Flint; R. W. MacGregor, Flint; Frederick B. Miner, Flint; Carl F. Moll, Flint; Ray S. Morrish, Flint; V. H. Morrisey, Flint; Ira D. Odle, Flint; J. W. Orr, Flint; H. E. Randall, Flint; Frank E. Reeder, Flint; Orill Reichard, Flint; A. J. Reynolds, Flint; Robert D. Scott, Flint; Leighton O. Shantz, Flint; Robert A. Stephenson, Flint; W. T. Trumble, Flint; W. G. Wall, Davison; D. R. Wark, Flint; Amos S. Wheelock, Goodrich; Herbert T. White, Flint; G. L. Willoughby, Flint; L. L. Willoughby, Flint; J. F. Wixted, Flint; D. R. Wright, Flint.

Gratiot-Isabella-Clare.—W. E. Barstow, St. Louis; M. B. Beckett, Mt. Pleasant; Thomas J. Corney, Alma; Chas. F. DuBois, Alma; F. J. Graham, Alma; Alton Deane Hobbs, St. Louis; E. T. Lamb, Alma; R. B. Smith, Alma.

Grand Traverse.—Jay J. Brownson, Kingsley.

Hillsdale County.—Burt F. Green, Hillsdale; Chas. L. Hodge, Reading; J. H. Johnson, Hillsdale; E. A. Martindale, Hillsdale.

Houghton.—Robert B. Harkness, Houghton; Alfred Labine, Houghton; W. B. Holdship, Ubly.

Ingham County.—Karl B. Brucker, Lansing; Earl I. Carr, Lansing; L. G. Christian, Lansing; C. P. Doyle, Lansing; O. H. Freeland, Lansing; E. G. McConnell, Lansing; J. Earle McIntyre, Lansing; H. A. Miller, Lansing; Frank A. Poole, Lansing; Thomas M. Sanford, Lansing; Fred L. Seger, Lansing; Milton Shaw, Lansing; George C. Stucky, Lansing; T. P. Vander Zalm, Lansing; H. B. Weinburgh, Lansing.

Ionia County.—J. J. McCann, Ionia; Chas. T. Pankhurst, Ionia; A. B. Penton, Smyrna; Perry C. Robertson, Ionia; J. W. Toan, Portland.

Jackson County.—Ferdinand Cox, Jackson; L. J. Harris, Jackson; William E. McGarvey, Jackson; Jason B. Meads, Jackson; C. D. Munro, Jackson; J. J. O'Meara, Jackson; E. S. Peterson, Jackson; Philip Riley, Jackson; T. E. Schmidt, Jackson; George A. Seybold, Jackson.

Kalamazoo County.—F. T. Andrews, Kalamazoo; C. E. Boys, Kalamazoo; Ralph B. Fast, Kalamazoo; John B. Jackson, Kalamazoo; A. A. McNabb, Lawrence; B. A. Shepard, Kalamazoo.

Kent County.—E. B. Andersen, Grand Rapids; J. D. Brook, Grand Rapids; L. D. Bumpus, Grand Rapids; Harrison Collisi, Grand Rapids; Burton R. Corbus, Grand Rapids; Chas. V. Crane, Grand Rapids; R. H. Denham, Grand Rapids; Ward S. Ferguson, Grand Rapids; Everett W. Gaikema, Grand Rapids; W. M. German, Grand Rapids; D. B. Hagerman, Grand Rapids; John T. Hodgen, Grand Rapids; Jack Hoogerhyde, Grand Rapids; A. M. Hill, Grand Rapids; Paul W. Kniskern, Grand Rapids; R. G. Laird, Grand Rapids; Harry Lieffers, Grand Rapids; J. D. Miller, Grand Rapids; A. M. Moll, Grand Rapids; William Northrup, Grand Rapids; W. W. Oliver, Grand Rapids; P. W. Patterson, Grand Rapids; Henry J. Pyle, Grand Rapids; H. C. Robinson, Grand Rapids; C. C. Slemons, Grand Rapids; R. Earle Smith, Grand Rapids; Carl F. Snapp, Grand Rapids; G. Howard Southwick, Grand Rapids; Ralph H. Spencer, Grand Rapids; Henry J. Vanden Berg, Grand Rapids; Harold E. Veldman, Grand Rapids; Merrill Wells, Grand Rapids; A. V. Wenger, Grand Rapids; William E. Wilson, Grand Rapids; Paul W. Willits, Grand Rapids; F. C. Warnshuis, Grand Rapids.

Lapeer County.—D. V. Auld, Lapeer; H. M. Best, Lapeer; C. M. Braidwood, Imlay City; D. W. Crankshaw, Imlay City; Rudolph Ripple, Lapeer; J. E. R. Smith, Imlay City; J. Orville Thomas, North Branch.

Livingston County.—Russell S. Anderson, Howell; Guy M. McDowell, Howell.

Luce County.—H. E. Perry, Newberry.

Macomb County.—A. B. Bower, Armada; Joseph M. Croman, Sr., Mt. Clemens; J. P. Letts, Romeo; George F. Moore, Mt. Clemens; Joseph H. Scher, Mt. Clemens; Alfred A. Thompson, Mt. Clemens.

Manistee County.—H. D. Robinson, Manistee; Harlan MacMullen, Manistee.

Marquette County.—R. A. Burke, Palmer; V. H. Vandeventer, Ishpeming.

Mason County.—L. W. Switzer, Mason.

Mecosta County.—Donald MacIntyre, Big Rapids; Thos. P. Treynor, Big Rapids.

Monroe County.—Philip D. Amadon, Monroe.

Muskegon County.—Frank W. Garber, Jr., Muskegon; Frank W. Garber, Muskegon; A. F. Harrington, Muskegon; Shattuck W. Hartwell, Muskegon; V. S. Laurin, Muskegon; George L. LeFevre, Muskegon; F. N. Morford, Muskegon; Constantine Oden, Muskegon; M. E. Stone, Muskegon; Chas. A. Teifer, Muskegon.

O. M. C. O. R. O. Counties.—Claude R. Keyport, Grayling.

Oakland County.—Vernon C. Abbott, Pontiac; Z. R. Aschenbrenner, Farmington; Frank S. Bachelder, Pontiac; Frederick A. Baker, Pontiac; Robert H. Baker, Pontiac; O. O. Beck, Birmingham; C. H. Benning, Royal Oak; A. Borland, Pontiac; Everett L. Bradley, Pontiac; Albert L. Brannock, Pontiac; Chauncey G. Burke, Pontiac; F. J. Burt, Holly; S. A. Butler, Pontiac; D. G. Castell, Pontiac; E. A. Christie, Pontiac; J. W. Christie, Pontiac; John Eugene Church, Pontiac; N. B. Colvin, Pontiac; L. F. Cobb, Pontiac; Ernest A. Cook, Pontiac; Aileen Betteys Corbit, Oxford; E. B. Cudney, Pontiac; Carl Dahlgren, Keego Harbor; Clifford Ekelund, Pontiac; Dwight M. Ernest, Pontiac; L. A. Farnham, Pontiac; Robert Y. Ferguson, Pontiac; Ralph G. Ferris, Birmingham; Harold A. Furlong, Pontiac; L. W. Gatley, Pontiac; Frank B. Gerls, Pontiac; Wm. A. Grant, Milford; W. M. Green, Pontiac; D. G. Hackett, Pontiac; Campbell Harvey, Pontiac; Hubert M. Heitsch, Pontiac; E. V. Howlett, Pontiac; D. F. Hoyt, Pontiac; T. W. K. Hume, Pontiac; H. A. Kling, Pontiac; John S. Lambie, Pontiac; Bert I. T. Larson, Pontiac; Frank A. Mercer, Pontiac; B. M. Mitchell, Pontiac; John D. Monroe, Pontiac; J. S. Morrison, Royal Oak; James J. Murphy, Pontiac; Arthur V. Murtha, Pontiac; Chas. A. Neifie, Pontiac; A. P. Ohlmacher, Royal Oak; H. H. Pool, Pontiac; Isaac C. Prevette, Pontiac; Fred T. Reid, Clawson; Aarond Riker, Pontiac; H. R. Roehm, Birmingham; Wendell H. Rooks, Pontiac; F. A. Scott, Rochester; George A. Sherman, Pontiac; Harry A. Sibley, Pontiac; W. T. Smith, Pontiac; L. H. Spencer, Royal Oak; Peter Stewart, Royal Oak; H. A. St. John, Pontiac; Chas. S. Strain, Rochester; C. J. Sutherland, Clarkston; Palmer E. Sutton, Royal Oak; M. J. Uloth, Ortonville; Perry Wagley, Pontiac; Walter I. Werner, Pontiac; Alec Whitley, Pontiac; W. W. Wiers, Royal Oak; S. F. Wilson, Birmingham; Harry B. Yoh, Oakland; Karl Zinn, Pontiac.

Ottawa County.—Arthur J. Brower, Holland; A. E. Stickley, Coopersville.

Saginaw County.—D. E. Bagshaw, Saginaw; F. J. Cady, Saginaw; A. J. Cortopassi, Saginaw; Cecil Ely, Saginaw; S. S. Keller, Saginaw; Rockwell Kempton, Saginaw; A. E. Leitch, Saginaw; Oliver W. Lohr, Saginaw; Martha Longstreet, Saginaw; Alexander R. McKinney, Saginaw; J. A. McLandress, Saginaw; F. O. Novy, Saginaw; John T. Sample, Saginaw; E. G. Schaiberger, Saginaw; Walter K. Slack, Saginaw; Stuart Yntema, Saginaw; Clarence E. Toshach, Saginaw.

Shiawassee County.—I. W. Greene, Owosso; A. M. Hume, Owosso; R. W. Teed, Owosso.

St. Clair County.—A. L. Callery, Port Huron; Thos. E. De Gurse, Marine City; T. E. Heavenrich, Port Huron; Wm. G. Wight, Yale; Roy A. Windham, Port Huron.

St. Joseph.—R. A. MacNeill, White Pigeon; Chas. D. Morris, Three Rivers.

Tri-County.—Stephen Fairbanks, Luther; S. C. Moore, Cadillac.

Tuscola County.—H. H. Kaven, Unionville; John G. Maurer, Reese; Annie S. Rundell, Mayville; U. G. Spohn, Fairgrove; Roy A. Townsend, Fairgrove.

Washtenaw County.—John Alexander, Ann Arbor; A. S. Barr, Ann Arbor; G. H. Belote, Ann Arbor; Park S. Bradshaw, Ann Arbor; James D. Bruce, Ann Arbor; Daniel Budson, Ann Arbor; Carl D. Camp, Ann Arbor; N. L. Capener, Ann Arbor; Frederick A. Coller, Ann Arbor; Howard H. Cummings, Ann Arbor; C. Georg, Ann Arbor; Conrad Georg, Jr., Ann Arbor; H. A. Haynes, Ann Arbor; Bert H. Honeywell, Ann Arbor; Carl P. Huber, Ann Arbor; Raphael Isaacs, Ann Arbor; Edgar A. Kahn, Ann Arbor; R. L. Kahn, Ann Arbor; A. Kerlikowske, Ann Arbor; Norman R. Kretzschmar, Ann Arbor; Theron S. Langford, Ann Arbor; F. H. Lashmet, Ann Arbor; Dorman E. Lichty, Ann Arbor; Walter G. Maddock, Ann Arbor; H. S. Millett, Ann Arbor; Geo. F. Muehlig, Ann Arbor; A. A. Palmer, Chelsea; John P. Parsons, Ann Arbor; Henry K. Ransom, Ann Arbor; P. A. Sheurer, Manchester; George Slocum, Ann Arbor; M. E. Soller, Ypsilanti; Cyrus C. Sturgis, Ann Arbor; John Sundwall, Ann Arbor; John A. Wessinger, Ann Arbor; P. C. Williams, Ann Arbor.

Wayne County.—Herman F. Albrecht, Detroit; Normen M. Allen, Detroit; Emil Amberg, Detroit; Joseph H. Andries, Detroit; L. Byron Ashley, Detroit; Clarence Baker, Detroit; Charles J. Barone, Detroit; Elden C. Baumgarten, Detroit; John N. Bell, Detroit; Niel Bentley, Detroit; Harry S. Berman, Detroit; Edward J. Bernstein, Detroit; Andrew Biddle, Detroit; Alexander Blain, Detroit; Arthur R. Bloom, Detroit; David S. Brachman, Detroit; W. N. Braley, Detroit; Osborne A. Brines, Detroit; Clark D. Brooks, Detroit; William L. Brosius, Detroit; A. O. Brown, Detroit; Gordon T. Brown, Detroit; Martin F. Bruton, Detroit; John Bryce, Detroit; Frederick G. Buesser, Detroit; Harry J. Butler, Detroit; Volney Butler, Detroit; C. P. Cake, Detroit; M. D. Campbell, Detroit; George L. Caldwell, Detroit; William I. Cassidy, Detroit; A. E. Catherwood, Detroit; Henry R. Carstens, Detroit; Henry D. Chadwick, Detroit; J. H. Chester, Detroit; Harry L. Clark, Detroit; Norman E. Clark, Detroit; Wm. R. Clinton, Detroit; Don A. Cohoe, Detroit; Basil L. Connelly, Detroit; Thomas B. Cooley, Detroit; Robert V. Cooper, Detroit; Henry R. Craig, Detroit; Albert S. Crawford, Detroit; James E. Croushore, Detroit; Robert E. Cumming, Detroit; J. D. Curtis, Detroit; Lewis E.

Daniels, Detroit; Milton A. Darling, Detroit; James E. Davis, Detroit; D. M. Davidow, Detroit; J. H. Dempster, Detroit; B. R. Dickson, Detroit; William M. Donald, Detroit; Bruce H. Douglas, Northville; Chas. E. Dutchess, Detroit; A. C. Edwards, Detroit; D. C. Ensign, Detroit; Arthur W. Erkfitz, Detroit; Bert Estabrook, Detroit; C. H. Ewing, Detroit; Harold B. Fenech, Detroit; Robert F. Foster, Detroit; Daniel P. Foster, Detroit; Wm. Fowler, Detroit; Louis J. Gariepy, Detroit; H. B. Garner, Detroit; L. A. Geib, Detroit; I. S. Gellert, Detroit; John Everett Gordon, Detroit; Gerald O. Grain, Detroit; Heman Grant, Detroit; J. H. Greenwood, Detroit; William A. Hackett, Detroit; J. T. Harper, Detroit; Voss Harrell, Detroit; Frank W. Hartman, Detroit; C. K. Hasley, Detroit; J. W. Hawkins, Detroit; L. W. Haynes, Detroit; Harold Henderson, Detroit; Leslie Henderson, Detroit; Louis J. Hirschman, Detroit; Robert D. Hislop, Detroit; F. L. Honhart, Detroit; John A. Hookey, Detroit; E. M. Houghton, Detroit; J. Hugh Lewis, Wyandotte; Ray W. Hughes, Detroit; R. C. Hull, Detroit; Warren G. Hyde, Detroit; R. G. James, Detroit; R. C. Jamieson, Detroit; E. V. Johnston, Detroit; George Kamperman, Detroit; Herbert S. Karr, Detroit; Edward W. Kay, Detroit; Thomas Keating, Detroit; Harther L. Keim, Detroit; Frank A. Kelly, Detroit; R. B. Kennedy, Detroit; Harry M. Kirschbaum, Detroit; Louis Klein, Detroit; Charles W. Knaggs, Detroit; Leo A. Knoll, Detroit; Ernest N. Krueger, Detroit; Charles F. Kuhn, Detroit; Charles Lakoff, Detroit; Harold H. Lampman, Detroit; B. Hjalmar Larsson, Detroit; Edward H. Lauppe, Detroit; Frederick A. Lauppe, Detroit; R. Lee Laird, Detroit; Charles E. Lemmon, Detroit; David J. Levy, Detroit; Charles J. Lilly, Detroit; R. E. Loucks, Detroit; Henry A. Luce, Detroit; S. C. McArthur, Detroit; Clarke McColl, Detroit; Roy D. McClure, Detroit; Frank T. McCormick, Detroit; R. W. McGeoch, Detroit; Arthur B. McGraw, Grosse Point; Richard M. McKean, Detroit; Geo. E. McLean, Detroit; Harold C. Mack, Detroit; W. G. Mackersie, Detroit; Clarence E. Maquire, Detroit; John C. Mateer, Detroit; Earl W. May, Detroit; E. V. Mayer, Detroit; Ignatz Mayer, Detroit; Willard D. Mayer, Detroit; Myron G. Means, Detroit; Lionel N. Merrill, Detroit; Harry C. Metzger, Detroit; Clinton, C. Mills, Detroit; Edw. G. Minor, Detroit; Robert C. Moehlig, Detroit; W. H. Morley, Detroit; John B. Morton, Detroit; Thos. F. Mullen, Detroit; Irwin Neff, Detroit; Harry M. Nelson, Detroit; Arthur K. Northrop, Detroit; William O'Donnell, Detroit; Fred W. Organ, Detroit; John K. Ormond, Detroit; Robert G. Owen, Detroit; Boleslaw Pasternacki, Detroit; Franklin B. Peck, Detroit; Howard W. Peirce, Detroit; Grover C. Penberthy, Detroit; O. W. Pickard, Detroit; Ralph Pino, Detroit; Harry W. Plaggemeyer, Detroit; Edgar E. Poos, Detroit; Andrew Potter, Detroit; Willis Potter, Detroit; B. H. Priborsky, Detroit; Allan Richardson, Detroit; William S. Reveno, Detroit; H. A. Reye, Detroit; J. M. Robb, Detroit; Worth Ross, Detroit; J. R. Rupp, Detroit; E. R. Rupprecht, Detroit; M. Sa'di Lufi, Detroit; Edward O. Sage, Detroit; Harry C. Saltzstein, Detroit Alexander W. Sanders, Detroit; Wm. G. Saunders, Detroit; Suzanne Sanderson, Detroit; Arthur E. Schiller, Detroit; Harry E. Schmidt, Detroit; Burton L. Schmier, Detroit; J. W. Scott, Detroit; Ward F. Seeley, Detroit; George Sewell, Detroit; Loren W. Shaffer, Detroit; Royce R. Shafter, Detroit; B. B. Sherman, Detroit; Wm. Shields, Detroit; R. J. Shute, Windsor; Roger S. Siddall, Detroit; C. E. Simpson, Detroit; Frank J. Sladen, Detroit; Merrill Smeltzer, Detroit; Emil Sorock, Detroit; Edward D. Spalding, Detroit; B. R. Springborn, Detroit; D. D. Stone, Highland Park; Claire L. Straith, Detroit; R. S. Taylor, Detroit; Alexander Thomson, Detroit; A. B. Toaz, Detroit; Franklin H. Top, Detroit; Cyril Valade, Detroit; V. L. Van Duzen, Detroit; C. C. Vardon, Detroit; George L. Waldbott, Detroit; Arch Walls, Detroit; Wm. G. Wander, Detroit; O. O. Watson, Detroit; Clarence E. Weaver, Detroit; C. N. Weller, Detroit; J. S. Wendel, Detroit; Max Wershow, Detroit; Neil J. Whalen, Detroit; C. H. Whitehorst, Detroit; Elmer L. Whitney, Detroit; Alfred H. Whittaker, Detroit; Archibald B. Wickham, Detroit; Fred Burnell Wight, Detroit; Arthur P. Wilkinson, Detroit; Charles A. Wilson, Detroit; Walter J. Wilson, Jr., Detroit; Walter J. Wilson, Detroit; Frank C. Witter, Detroit; G. H. Wood, Detroit; Wm. P. Woodworth, Detroit; Thelma Wygant, Detroit; H. Wettington Yates, Detroit.

GUESTS

Fred L. Adair, Chicago, Ill.; Arthur H. Curtis, Chicago, Ill.; Loyal Davis, Chicago, Ill.; Morris Fishbein, Chicago, Ill.; Thomas G. Hull, Chicago, Ill.; James P. Leake, Washington, D. C.; W. V. Mullin, Cleveland, Ohio; D. P. Phemister, Chicago, Ill.; Walter M. Simpson, Dayton, Ohio; C. H. Watkins, Rochester, Minn.; Charles E. Kiely, Cincinnati, Ohio.

SOCIETY ACTIVITY

ANNUAL CLINICAL CONFERENCE

Conducted by
JACKSON COUNTY MEDICAL SOCIETY
Hayes Hotel
Jackson, Michigan
November 5, 1931

Fast Time

9:15 A. M. Cranial Injuries — F. C. WARNSHUIS, M.D., Grand Rapids.

10:00 A. M. Common Colonic Conditions —MANUEL G. SPIESMAN, M.D., Chicago.

11:00 A. M. Untoward Results in Fractures—KELLOGG SPEED, M.D., Chicago.

Luncheon.

1:00 P. M. DeLees Technic of Forceps Operations (Moving Picture) —F. E. WHITACRE, M.D., Chicago.

2:00 P. M. Nephritis and Urine Proteins —WILLIAM A. THOMAS, M.D., Chicago.

3:00 P. M. Arthritis—RALPH PEMBERTON, M.D., Philadelphia.

4:00 P. M. Unappreciated Hepatic Functions—CHARLES H. MAYO, Rochester, Minn.

The profession of the state is cordially invited to attend.

GUNSHOT WOUNDS AND ACCIDENTS. A NEW LAW

The last legislature passed a law that became effective September 18, 1931, that is of great importance to physicians.

This law makes it compulsory for every physician, surgeon, and hospital to report to the local police or sheriff's department every case of gunshot wound or automobile accident coming under a doctor's professional care. Failure to do so renders the doctor or hospital liable to a fine of $250.00 or ninety days in jail.

This is a mandatory law. Members are urged to fully observe it. Attorney's advise us that in reporting these cases one does not lay himself liable for violation of "professional relationship of patient and physician." The mandate of the law conveys immunity to such claims or rights.

MINUTES OF THE OCTOBER EXECUTIVE COMMITTEE MEETING OF THE COUNCIL

The Executive Committee of the Council met in the Hotel Durant, Flint, at 5:00 P. M., October 7, 1931, with the following present: B. R. Corbus, Henry Cook, C. E. Boys, George L. Le Fevre, James D. Bruce, Carl F. Moll, President, and F. C. Warnshuis, Secretary.

1. The Secretary presented a communication from the Secretary of the Bay County Medical Society requesting the Michigan State Medical Society to contribute $75.00 towards defraying the expenses of the Inter-County Medical Society meeting to be held in Frankenmuth on October 28, 1931. On motion of Bruce-Le Fevre, the request was granted and the expense charged to that of Post Graduate Conference.

2. The Secretary presented an extract of the action of the House of Delegates recommending that notes be accepted from members unable to pay their local and state medical dues. After considerable discussion, on motion of Le Fevre-Bruce, the Secretary was directed to accept such notes in lieu of state dues; the notes to run until December 15, 1932, and to draw interest at the rate of six per cent from date; further, that these notes are not to be accepted until the Board of Directors, the Executive Committee or the Officers of the county units issue a statement, accompanying each note, certifying that the maker is entitled to this credit.

3. The Secretary presented a communication from the Board of Trustees of the Wayne County Medical Society requesting the State Society to make a ruling that dues for 1932 may be paid in quarterly installments. Upon motion of Bruce-Le Fevre, the Secretary was directed to call to the attention of the Board of Trustees of the Wayne County Medical Society the policy adopted by the State Society to accept notes for dues from those members who are financially embarrassed, and to ask whether this will not solve the problem more satisfactorily and thus establish a uniform policy with no exceptions throughout the state.

4. The Secretary presented to the Executive Committee the resolution introduced by Dr. Whittaker of Detroit relative to a survey of the health agencies that are operating in Michigan. After a lengthy discussion President Moll appointed the following special committee created by the Whittaker resolution.

W. H. Marshall, Chairman, Flint.
L. G. Christian, Lansing.
Fred A. Baker, Pontiac.
C. S. Gorsline, Battle Creek.
Bert. U. Estabrook, Detroit.
F. C. Warnshuis, Secretary, Ex-officio.

The Council appropriated at the Annual Meeting in Pontiac the sum of $250.00 for the organizational expenses of the committee. After further discussion of the recent newspaper publicity that had been accorded to this resolution the Executive Committee formulated the following statement which was transmitted to the press of the state:

The officers and council of the Michigan State Medical Society desire, through your columns, to correct the interpretation of a resolution passed by the House of Delegates of the Michigan State Medical Society at their recent annual meeting and given front page publicity on October 2.

Certainly the physicians of the state have no desire to "fight state and privately owned health services," nor have they "declared war on public health groups." It is unfortunate that the lengthy resolution was so written as to make such an interpretation possible. The officers and council of the Wayne County Medical Society and the officers and council of the State Medical Society regret that more consideration was not given to the wording of the resolution by its sponsor group. The resolution was passed by the House of Delegates with the belief that a committee might well serve the public and the profession through making a survey of conditions as they exist.

There are a great number of health organizations concerning themselves with individual and community health problems with a very noticeable overlapping and duplication of their work. It is quite evident that a situation exists through which unnecessary expense is incurred, and the desired ends are not being attained.

A survey is necessary to obtain a proper appraisal to define and outline the field and scope of each organization's activity. It is for that purpose that the Michigan State Medical Society proposes to conduct an impartial survey with the hope that existing agencies may function in the best interests of the people of the state.

It is well that Michigan join with other groups throughout the country in the effort to solve this question of the cost of sickness which presses so hard and so unequally on those of limited means, and we would too protect ourselves, for we see the family doctor's income tending toward the vanishing point.

The officers and council are sure that they speak for the profession of the state when they state that they feel a great obligation to do their part in this period of unemployment. As indicative of this, they have but recently joined with the State Board of Health, the Children's Fund of Michigan, the Kellogg Foundation and the University of Michigan in the formation of the Infantile Paralysis Commission. In the absence of state funds available the State Medical Society has drawn from its own reserve its share of the funds needed to put on the campaign. It has drafted from its membership competent district directors to direct the work, to help get the serum, to help in the diagnosis, to give the serum, and all of this is voluntary, an accepted obligation to save little children from this dread paralysis.

Whether or not the committee of the State Society can, through a survey of the situation, bring a remedy to a most complicated situation, is perhaps a question. Certain it is that the profession has not changed its attitude, and is as willing to do its part in the care of the indigent as ever it was. The trouble is that in these days of health organizations, private and public, there is a feeling among the profession that they are asked to do a disproportionate share. At the annual meeting in Pontiac the Society, by unanimous vote, tendered to Governor Brucker the services of the Society in the care of the needy during this most trying period as additional evidence of the Society's desire to add to the public's welfare.

In conformity with the resolution, President Moll announces his appointment of a special committee.

Carl F. Moll, President.
B. R. Corbus, Chairman of the Council.
Attest: F. C. Warnshuis, Secretary.

Upon motion of Boys-Le Fevre, the President's appointments and the statement were approved.

5. The Secretary communicated to the committee the resolution of the House of Delegates calling for a special committee to investigate and report upon the possibilities of utilizing the radio for disseminating more information on scientific medicine and public health as provided for in the Stapleton resolution. On motion of Cook-Bruce, the following committee was appointed:

W. J. Stapleton, Jr., Chairman, Detroit.
Alfred La Bine, Houghton.
F. C. Warnshuis, Grand Rapids.

6. The Secretary presented the resolution passed by the House of Delegates requesting the Council provide a suitable badge for the Speaker of the House. Upon motion of Boys-Le Fevre, the Secretary was directed to provide such a badge.

7. The Secretary presented the petition, in accordance with the By-Laws of the Society, for a special meeting of the House of Delegates to be held on or before February 1, 1932. Upon motion of Bruce-Cook, the petition was tabled pending a report of the special committee that has been appointed to investigate and present its findings and recommendations to the House of Delegates.

8. The Secretary presented a communication from Dr. Collisi in which he called attention to the fact that in a paper presented before the section on Gynecology and Obstetrics he had recommended the appointment of a special committee to confer with the Michigan League on Birth Control. After discussion, on motion duly made by Le Fevre-Boys, the Secretary was directed to advise Dr. Collisi that it was not deemed advisable to appoint such a committee at this time and recommended in the event information and advice is sought from the profession in this state that the same should be requested from the Executive Committee of the Council.

9. President Moll transmitted the following as his official appointments to the Standing Committees of the Society:

(a) Legislative Committee:
Earl I. Carr, Chairman, Lansing.
G. C. Penberthy, Detroit.
Wm. C. McCutcheon, Cassopolis.
A. M. Hume, Owosso.
Wm. Hyland, Grand Rapids.

with the legislative committee of the Wayne County Medical Society acting in an advisory and coöperative capacity. Upon

motion of Boys-Cook the appointments were endorsed.

(b) President Moll nominated and appointed the following committee on Civic and Industrial Relations:

H. S. Collisi, Chairman, Grand Rapids.
A. R. McKinney, Saginaw.
L. O. Geib, Detroit.
H. F. Dibble, Detroit.
G. M. Curry, Flint.
Philip Riley, Jackson.
Grover C. Penberthy, Detroit.
E. P. Wilbur, Kalamazoo.
Don F. Kudner, Jackson.

On motion of Bruce-Boys, these appointments were endorsed.

(c) President Moll nominated and appointed the following committee on Woman's Auxiliary:

T. F. Heavenrich, Port Huron.
Frederick C. Warnshuis, Grand Rapids.
Louis J. Hirschman, Detroit.

On motion of Bruce-Le Fevre these appointments were endorsed.

(d) President Moll nominated and appointed the following to represent the State Medical Society on the Joint Committee on Public Health Education:

R. C. Stone, Battle Creek.
J. B. Jackson, Kalamazoo.
F. C. Warnshuis, Grand Rapids.
H. E. Randall, Flint.
Burton R. Corbus, Grand Rapids.

On motion of Bruce-Boys, the President's appointments were endorsed.

10. The Executive Committee adjourned at 11:30 P. M.

F. C. WARNSHUIS, *Secretary.*

111TH ANNUAL MEETING

Seven hundred and thirty-one members attended and registered at our 111th Annual Meeting held in Pontiac, September 22-23-24, 1931.

Congratulations and thanks are generously accorded to the Oakland County members for their pleasing hospitality and excellent supervision of every need. It was Oakland County's hundredth organizational anniversary. Their health week, and special exhibits conveyed an educational opportunity to the local community that should be far reaching. A splendid local spirit and enthusiasm prevailed. We are sure we all profited from the efforts expended.

The official minutes of the meeting are contained in this issue. Read them carefully. The Governor's address imparts several interesting observations and attitudes. Enactments of the House of Delegates affect every member and county unit and should be observed by every member.

The Section meetings were well attended. Unstinted praise is due to all section officers for the excellent scientific programs. Members were frequently heard to state: "That one paper was alone worth coming for." All the papers read will appear in succeeding issues of The Journal.

Cordial greetings were exchanged with the Indiana Association which was in session in Indianapolis.

The public meeting in the Tabernacle on Thursday evening was well attended. Dr. Maurice Fishbein gave one of his attention arresting, educational and constructive addresses on the "Frontiers of Medicine." For an hour he held his audience in intensive attention. We are grateful for Dr. Fishbein's presence and for his address that enhanced our program so materially.

This annual session exemplifies anew that our Society continues to maintain its purposes and annually contributes much for the good of the people and for the profession.

SCIENTIFIC EXHIBIT

The Scientific Exhibit of the Annual Meeting of the Michigan State Medical Society was fairly well attended in spite of the distracting influence of the American Legion Meeting in Detroit. It is to be regretted, however, that the Pontiac arrangement of scientific sessions held in various outlying churches made it inconvenient for many to see the exhibits. I feel that much instructive material has been wasted.

Dr. Vernon Hart of the Orthopedic Department of the University of Michigan Hospital presented a very complete series of hip joint lesions which

included every possible disease of the hip joint, including congenital lesions, constitutional, infections, traumatic lesions, tumors, endocrine disturbance and there was a series of normal anatomical charts for comparison. This display had material in it for many hours of study alone.

Dr. James E. Davis of the Department of Pathology of Detroit College of Medicine and Surgery received the first award for a series of beautiful gross specimens of cancer of the uterus and breast. These were preserved in their natural colors and mounted between glass in such a way that the cancer structure could be seen by both transmitted and reflected light.

Dr. Kahn of the Department of Laboratories, University of Michigan Hospital, showed an interesting study of the behavior of bacteriophage and antivirus, together with a history and a description of the phenomena.

Dr. G. B. Waldbott of Detroit showed an interesting series of charts illustrating the causes of asthma and hay fever and the mechanism of anaphylaxis in these diseases.

The Henry Ford Hospital, Detroit, Michigan, represented by Drs. F. W. Hartman, R. D. McClure, J. P. Pratt, H. P. Doub, J. G. Mateer, L. S. Falles, J. I. Baltz, Merrill Smeltzer, exhibited a series of studies in cancer with very beautiful photomicrographs and gross specimens. One of the most interesting portions of this exhibit was a group of cases of carcinoma of the ampulla of the duodenum, some of which were diagnosed clinically before operation. They showed that the characteristic findings in this condition are intermittent jaundice and hemorrhage with occult blood in stool, the reason for this being due to the breaking off of masses of fragile neoplasm, thus relieving obstruction at ampulla and producing a hemorrhage at the same time; these features, together with X-ray filling defect of duodenum being the characteristic findings in neoplasms of this particular area.

A new technic for freezing tissue was shown, making use of carbon dioxide dry ice instead of carbon dioxide gas. The advantages of this are of course obvious, eliminating gas tank and noise and making it possible to do frozen sections in the operating room at an extremely low cost and demonstrating the findings directly by camera lucida to the operating team.

Dr. O. A. Brines of Detroit made a demonstration of a modification of the Asheim-Zondek pregnancy test, using rabbits. This was illustrated by gross pathological findings and photomicrographs and accompanied by a moving picture demonstration of technic. This test is proving very valuable in the hands of many as a test for early pregnancy and with a very high degree of accuracy.

Drs. George Sewell and Joseph Casper of the Urological and Pathological service of Herman Kiefer Hospital of Detroit presented a series of studies of kidney tuberculosis, illustrated by X-ray pyelograms. In connection with this they showed a new modification of the Vernes' serum test for tuberculosis which, because of its fair degree of accuracy, may be of value as a diagnostic test for tuberculosis to be used in clinical, X-ray and bacteriological studies. They emphasize the importance of a newer culture method for the diagnosis of tuberculosis using culture medium instead of animal inoculation, making it possible to isolate tubercle bacilli in an average of twenty-six days against an average of sixty days by the guinea pig inoculation method.

Dr. Dutchess of Detroit, representing the Cancer Committee of the Michigan State Medical Society in collaboration with the American Medical Society for the control of cancer, presented a series of interesting studies of charts illustrating the incidence of cancer deaths and the location of equipment for diagnostic and treatment services in cancer.

Dr. Claire L. Straith of Detroit exhibited a large series of photographs of facial reconstruction and plastic surgery of face, together with models from several cases.

Dr. John Alexander of the Department of Surgery of the University of Michigan Hospital showed a large series of films representing the surgical treatment of pulmonary tuberculosis. This series was very complete, representing many types of surgery and plastic operations upon the chest.

Drs. Pemberthy and Whitaker of the Surgical Service of the Children's Hospital of Michigan presented an interesting series of X-ray films of pneumoradiography of the abdomen, of use in outlining various tumor masses in the abdominal cavity.

This material represents an immense amount of work and study, and it is to be hoped that the arrangements in next year's meeting will be such that members attending the scientific sections will be able to more conveniently see the exhibits.

WM. M. GERMAN.

COUNTY SOCIETIES

GRATIOT-ISABELLA-CLARE COUNTY

The September meeting of the Gratiot-Isabella-Clare County Medical Society was held in the Wright House, Alma, Thursday, September 17, 1931.

Dinner was served to seventeen members and three visitors. Five members and four visitors came in after dinner to hear Doctor Gordon.

President Harrigan called the meeting to order. The minutes of the previous meeting were read and approved. Motion was made and carried that the members bring their wives to the November meeting.

President Harrigan then introduced Dr. J. E. Gordon, whose subject was "Clinical Aspects of Poliomyelitis." Some of the points of his talk were as follows:

Poliomyelitis is always a generalized infection first, in which paralysis occurs in about 5 per cent. The paralysis may be flaccid or spastic. In New York there was one adult to every sixty-eight cases. In Iowa there was one adult to every six cases. In rural areas the adults were not exposed so frequently in childhood. Incubation period about eight days. Prominent symptoms are fever (not high), headache, nausea, dry throat, lymphatics enlarged, child is drowsy, but not unconscious, irritable, face flushed because of vasomotor instability, sweating; pulse always high in relation to temperature. Children are not likely to have convulsions. Later symptoms are rigidity of neck and spine and the paralysis.

By spinal puncture you find increased pressure and an increase of the cell count. This disease commonly occurs in one of three forms: spinal, bulbar and spino-bulbar—the latter being the most serious.

Treatment: Convalescent serum in the preparalytic stage both intraspinous and intravenous.

Prevent deformity by light splinting. Keep paralyzed parts at rest until all soreness is gone. Increase circulation by heat such as electric light.

Glucose may be used intravenously to reduce edema. In a five-year-old child 30 c.c. of a 10 per cent or 20 per cent solution may be given; in adults up to 100 c.c. Give 20 c.c. of adult whole blood in buttock as a prophylactic.

Many took advantage of the opportunity to ask Doctor Gordon questions.

On behalf of the Society President Harrigan thanked Doctor Gordon for his instructive talk.

Meeting adjourned.

E. M. HIGHFIELD, M.D., *Secretary.*

HILLSIDE COUNTY

The Hillsdale County Medical Society assembled in Special Session at the Country Club, Hillsdale, Thursday, September 17, 1931, at 6:30 P. M.

Dinner was served, after which the Society adjourned to the audience room.

Reading of minutes was omitted.

Dr. C. T. Bower at the request of the Vice President introduced the speaker of the evening, Prof. L. C. Hart of the Department of Orthopedics, of the Medical School, U. of M., who addressed the Society on "Infantile Paralysis" in a most timely and interesting manner.

He clearly outlined our present knowledge of this fearful disease, with prophylaxis and diagnosis as at present understood, following this with a comprehensive summary of the treatment of the several stages and forms as practised at the University Hospital.

Touching but lightly on the bulbar form in which death is practically sure to come, he gave most of his attention to the paralytic and pre-paralytic stages of the malady; emphasizing the great value of rest, especially physiological rest, by supporting the limb in a position giving no tention to the muscles involved.

Passing from this, he took up the stage of complete recovery in which deformities are most likely to occur.

Dr. Hart stressed the importance of massage and passive motion, especially as carried out under warm water.

Summing up, Dr. Hart called attention to the fact that while we have as yet no specific for this disease, yet cases well and promptly treated show vastly better results than those untreated or incorrectly treated.

At the close, Dr. Hart was cordially thanked by the Vice President on behalf of the Society, for his splendid address. He was asked and answered many questions during the round table discussion.

A number of gentlemen from the Societies of Branch and Lenawee Counties were present and took part in the discussion.

Adjourned to the next regular meeting.

D. W. FENTON, *Secretary.*

SHIAWASSEE COUNTY

Shiawassee County Society held its October meeting in Owosso at Memorial Hospital, at noon, October 8, and was addressed by Dr. C. D. Barrett, of the State Department of Health, on "Anterior Poliomyelitis." The meeting was well attended and Dr. Barrett's very interesting talk was given an attentive hearing.

Two applications for membership were received—Dr. C. J. Richards, of Vernon, and Dr. A. S. McGregor, of Perry.

W. E. WARD, *Secretary-Treasurer.*

WOMAN'S AUXILIARY, MICHIGAN STATE MEDICAL SOCIETY

MRS. J. EARL McINTYRE, President, Lansing
MRS. W. L. FINTON, Secretary, Jackson

Pontiac, Michigan,
September 23, 1931

The fifth annual meeting of the Woman's Auxiliary to the Michigan State Medical Society was called to order by the president, Mrs. Lester J. Harris, at 2:30 P. M.

Preceding the annual business meeting members were entertained at luncheon at the beautiful Pine Lake Country Club.

The invocation by Reverend Burt was followed by a delicious luncheon, after which Mrs. F. A. Mercer, president of the Oakland County Auxiliary, extended to the visiting delegates, officers, and guests a very cordial greeting.

Mrs. Den Bleyker of Kalamazoo responded.

We were entertained with a violin solo by Mrs. Palmer Sutton.

The meeting was then turned over to Mrs. Harris, who called on Mrs. Chynoweth of Battle Creek to introduce the speaker of the afternoon, Dr. Helen Mitchell, who spoke on the Labrador and Newfoundland fisher folks and their nutrition problems. She also showed some of their handwork.

A vocal solo was given by Mrs. Zinn of Pontiac, and the annual meeting was formally opened.

The Credential Committee was called on but did not report. The minutes of the last annual meeting were read and accepted.

The State Secretary and Corresponding Secretary read reports, which were accepted and placed on file.

The Treasurer's report was read and accepted.

The Secretary read reports of four state board meetings, which were accepted.

Letters from the Hygeia chairman and Publicity chairman were read.

The report of the National Convention at Philadelphia was read by Mrs. L. O. Geib of Detroit.

County reports were read by delegates, and many new phases of Auxiliary work presented.

The report of the Organizing chairman was read. Miscellaneous business was called for.

The election of officers for 1931-1932 followed.

Mrs. T. Hackett of Jackson, Mrs. E. S. Peterson of Jackson, and Mrs. B. N. Mitchell of Pontiac were appointed tellers.

The nominating committee composed of Mrs. P. T. Doyle, chairman, of Lansing, Mrs. F. A. Mercer and Mrs. Connely of Detroit, read the name of Mrs. J. Earle McIntyre of Lansing for President and Mrs. F. A. Mercer of Pontiac for Vice President.

The President, Mrs. Harris, called for nominations from the floor.

Mrs. L. O. Geib of Detroit was nominated for Vice President by Mrs. Brunk.

The nominations were closed. Ballots were passed, the final count showing that Mrs. McIntyre was elected President and Mrs. F. A. Mercer was elected Vice President.

A vote of thanks was given Mrs. Harris for the splendid work she had done while holding the presidency for the past two years.

The meeting was adjourned.

ELLA H. FINTON, *Secretary.*

THE DOCTOR'S LIBRARY

SIMPLE LESSONS IN HUMAN ANATOMY. B. C. H. Harvey, M.D., Professor of Anatomy, University of Chicago, Published by the American Medical Association.

The material contained in this book was developed by Professor Harvey in response to a request that he prepare a series of articles for *Hygeia,* The Health Magazine, published by the American Medical Association. The object was to make the truths of anatomy generally available and intelligible. It was thought that people interested in health might appreciate some knowledge of the structure of the body and of the way in which it works, and thereby be better able to comprehend methods of prevention of disease and of its treatment. That Dr. Harvey succeeded in his task was early evident from the great interest shown in the articles as they appeared in the magazine and from the fact that many requests for them in book form were received long before the series was completed in the publication.

In preparing the material for publication in book form it has been elaborated by the addition of new illustrations, by the adding of a considerable amount of new material, by some rewriting, and by the insertion of various headings tending to simplify the study of the text. Professor Harvey has given to the book the meticulous attention that is an intimate part of the study of anatomy. Anatomy is usually studied by dissection of the bodies of the dead. It is an erudite branch of scientific learning but has had little attractiveness for the average man who has not realized its application to everyday life. Dr. Harvey has made the subject live. Throughout this book he discusses anatomy in relationship to functions that constantly go on in the living body.

In these days when the individual is concerned as to his well-being, the requests are frequent for an understandable text on anatomy. This book well answers these requests. It will go far in aiding scientific medicine.

FRACTURE OF THE JAWS. Robert H. Ivy, M.D., D.D.S., F.A.C.S., Professor of Maxillo-facial Surgery, Graduate School of Medicine, and of Clinical Maxillo-facial Surgery, School of Dentistry, University of Pennsylvania, and Lawrence Curtis, A.B., M.D., D.D.S., Assistant Professor of Maxillo-facial Surgery, Graduate School of Medicine and Dentistry, University of Pennsylvania. 177 Engravings. Price, $4.50. Lea and Febiger, Philadelphia, Pa., 1931.
delphia, Pa., 1931.

In this book the authors present the results of several years experience in the treatment of fractured jaws. The etiology, symptoms, diagnosis and treatment of fractures of both the mandible and maxilla are discussed in detail. A chapter is devoted to complications arising from fractures of the mandible. This book should appeal to the general surgeon as well as to the dentist or oral surgical specialist, inasmuch as the methods of treatment here presented are readily available to him. A chapter on Roentgenographic Technic by LeRoy M. Ennis, D.D.S., and another on Dietary Management in Fractures of the Jaws by Clyde W. Scogin, D.D.S., are included, making the work complete in presentation. The numerous illustrations aid the text in discussing this subject.

OF GENERAL MEDICAL AND SURGICAL INTEREST

THE EVOLUTION OF SPECIALISM IN MEDICINE AND SURGERY

This is the age of specialism in all vocations, writes Dr. Walter J. Cree in an address before the Pan-American Medical Association at Mexico City. It is not new in medicine and surgery. Herodotus credits the idea of medical specialists to the Egyptians, of whom he writes: "Each physician applies himself to one disease only. All places abound in physicians; some for the eyes, others for the head, others for the teeth." There has been rapid progress during the past fifty years in the advancement in medical specialism. Formerly there were only a few of what might be called "Full-time" specialists. After a time spent in general practice, chance or inclination induced the general practitioner to take special studies in his chosen line and, after a time spent in hospitals or with a specialist, he was ready to begin his special work. Some of the best specialists in the past have risen from the ranks of the general practitioner. Medicine in all its branches has become so great in scope that it is impossible for one mind to grasp all. In some of our universities it is required that after the second year the student declare just what line of endeavor he likes, so that the following years he may devote his time more along the special work he has in mind. Might it not be a good idea to pass over lightly some of the subjects having no particular use in some particular specialty? The old family doctor, as we knew him, is disappearing and the specialist is taking his place to a great extent. The public demand specialists and ought to have them but some doctors dishonestly place themselves before the public when they are not in any way qualified by years of practice in general or special time spent in study. This is not fair to the public or profession. State laws should be such that anyone announcing himself a specialist should pass an examination and present credentials of study.

BLEEDING OF BENIGN ORIGIN

Leo Kessel, New York, states that patients who present the ominous symptom of hemorrhage may occasionally suffer from a benign lesion, and the disease may run a propitious course. The diagnosis of benign bleeding, however, must never be hazarded until all available examinations have excluded the presence of a blood dyscrasia, malignant neoplasm or chronic inflammatory process, such as tuberculosis. It is unwise, furthermore, to advance this diagnosis unless the benign lesion can be visualized by some direct method of examination, such as bronchoscopy or proctoscopy. Indeed, even in cases in which a malignant process has been excluded and a benign process demonstrated, the cautious diagnostician will proceed with the knowledge that the patient with a benign cause for bleeding may harbor a malignant disease as well. Although conscious of all these evil forebodings, the author presents a group of patients to illustrate the fact that extensive bleeding may result from a benign lesion and either completely cease or be prevented by local forms of treatment.—*Journal A. M. A.*